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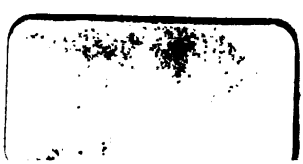

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Original Communications.

GUNSHOT WOUNDS MADE BY MODERN MISSILES AND THEIR TREATMENT.[1]

BY ROSWELL PARK, A. M., M. D.,
Professor of surgery, Medical Department, University of Buffalo.

DESPITE the fact that half the losses entailed upon the army in a military campaign are due to death from disease, the subject of gunshot wounds will always possess for the surgeon a peculiar fascination and a large degree of humanitarian interest. The general importance of the subject, combined with its peculiar opportuneness at this time, have led me to very willingly accede to the request of our President, that I should make some general remarks upon the subject today.

Gunshot wounds began to figure in the history of surgery and surgical literature about the latter part of the XIVth. or the early part of the XVth. centuries. At this period Clemanus, of Venice, who appeared very largely in the surgery of his day, held nearly the view in which they are today regarded, *i. e.*, he did not consider them to be necessarily poisoned wounds, and treated them with warm oiled bandages, in a rude way corresponding to our modern antiseptic occlusion. Braunschweig (died 1533) took the contrary view and regarded them as poisoned wounds. Ambroise Parè (died 1590), who revolutionised the surgery of his day in more than one way, had to combat this then prevalent notion. The custom of the day was to cauterise all these wounds with boiling oil in order thus to destroy the poison. During one of the campaigns of the famous general, Monte Jan, there was such lack of this hot oil that it could not be used as he had previously seen it used. He noted at once that the wounds which had not been

1. Remarks before the Medical Society of the County of Erie, June 14, 1898.

thus cauterised did better than those in which it was used, and this clinical observation at once prompted the great reform which must ever be connected with his name. Thus by abolishing its use he went quite contrary to the teachings and practice of de Vigo (Ludovico, died 1520, to whom we owe the emplastrum de Vigo) who had been systematically cauterising them. Maggi, of Bologna, and Berengarius, of Carpi, (died 1550) also treated gunshot wounds after a very simple fashion and Wuertz, of Basle, (died 1575) bitterly censured the treatment of Gersdorff and the maltreatment of these wounds by instruments and fillets drawn through them, the use of caustics and the like. Fabricius Hildanus (died 1634) considered them to be poisoned wounds, while Purmann (died 1721) took the opposite view. The teaching of John Hunter (died 1793) was rather against their poisonous properties. And from that time on few, if any, of the great military surgeons thought much about their poisonous character.

Next to Parè the most renowned military surgeon of them all was probably Baron Larrey (died 1842), the great surgeon of the Napoleonic campaigns, the man whom Napoleon himself regarded as the "most virtuous of men." Larrey had an enormous experience and it is said that during the retreat from Moscow he made in one day 200 amputations with his own hands, a record which has never been approached by any one else. Dupuytren (died 1835) had much to say in his teachings about gunshots wounds, and Baudens (died 1857) dignified the subject by a special work entitled, Clinique des plaies d'armes à feu," published 1836. From his day down to the present, while experience accumulated, the only thing that we need particularly note in this connection is the generally prevailing impression that, while a gunshot wound was not necessarily a poisoned wound, it was practically always necessary to remove the bullet when it had lodged in the tissues; a notion which even yet prevails among those not fully informed on this subject.

It is hardly necessary at this time, nor is it included in the scope of my remarks, to contrast the horrors of the old days before the antiseptic era with the kindly results obtained now under the new method of treatment. The horrible prevalence of erysipelas, tetanus and other infections under the old regimé, the frightful mortality of the past, have not entirely disappeared as yet, but have been startlingly reduced by the new antiseptic measures. The majority of men, now, who are not necessarily fatally injured can be redeemed from the military cemeteries by the methods at present in use. But it is not necessary to digress in this direction. My purpose now is rather to

invite you to the consideration of gunshot wounds as such, the mechanism of their production and perhaps in closing, a few remarks suggested by such discussion.

And first, some considerations with reference to modern small-arm projectiles. Previous to 1886 France had a 11 mm. Chassepot weapon. In 1886 the caliber was reduced to 8 mm. At about the same time various other nations reduced also the caliber of their standard weapons from 10.75 mm. or 12.50 mm. down to the 8 mm. size of France, Austria and Denmark. Chili and Peru use now a 7.6 mm. bullet; China and Japan, 7.9 mm. In the recent Chitral campaign the British have been using a 7.9 mm. bullet in their Lee-Mitford rifles, while the Italians in their last Abyssinian campaign used a 6.5 mm. ball. To this last fact, indeed, as I shall allude a little latter, has been ascribed part of the misfortune which the Italians suffered in that campaign.

Now contrast these with the projectiles used in our civil war, when the bullets used were .50" to 58", or 12.5 to 14.5 mm. in diameter, also with the rifles until recently in use in our state service, which had a .45" caliber. The rifle which our regular infantry and cavalry now use is the Krag-Jorgenson arm, and has a caliber of .30", equal to 7.62 mm. The Mauser ball, now used by the Spanish, is a little smaller than this, *i. e.*, 7 mm. The marines in our navy use a still smaller caliber, .236", or 6 mm. Our infantry bullet has a length of 4 calibers, weighs 220 grains and is jacketed with German silver. The rifle barrel is so grooved that the ball makes one rotation for every 9 inches of flight, and it leaves the muzzle with a velocity of over 2,000 feet to the inch. The marked increase in both velocity and rapidity of rotation over the old projectiles is due to this reduction of caliber.

This matter of rotation on its axis of the bullet in its flight is one of no small interest to military surgeons since the so-called "explosive effect" of the projectile is in large degree due to it. When the bullet leaves the gun barrel it is probably like a heavy top which has just been spun, and while revolving on its own axis makes quite an excursion, or as the boys would say "wobbles" a good deal. After the bullet has gone a certain distance, perhaps 200 or 300 yards, it settles down into a more steady motion, and, then, after 1,200 or 1,500 yards losing its velocity, begins to wobble again. It is while the ball has this extreme of added complex motion that it is capable of producing a most disastrous lateral or explosive effect. Such, at least, is the theoretical explanation which has been offered, and which has

much to justify it. These explosive effects began to be noted when the French reduced the diameter of their Chassepot balls. Indeed, so destructive were they that the French were at first accused of using explosive bullets, a form of missile prohibited in warfare between civilised nations.

The effect of jacketing or manthing bullets is to make a much lighter ball carry very much farther and to give it a very much enhanced penetrating effect. If the mantle be undisturbed, such a bullet thrown from one of our rifles will carry a distance of some three miles, if given a proper elevation; but when the jacket is loosened in its passage through the gun barrel or through some firm tissue, like bone, it is capable of inflicting a very ragged and destructive wound. During the campaigns in India and Abyssinia some of the British soldiers had a habit of loosening the end of the mantle before the cartridge was fired, so that the bullet, though not carrying so far, was capable of inflicting a most serious wound. Balls so treated were known among the soldiers as "dum-dum" bullets.

Every gunshot wound is a resultant of the penetrative and the lateral forces exerted by the projectile. In proportion to the resistance offered the former is transformed into the latter. If the initial force or energy of the ball be completely expended in penetration it will leave a clean track through the tissue, but if otherwise not. The penetrative effect of a projectile is due (1) to its hardness, (2) to its velocity, (3) to its size—the smaller the more rapid, (4) to its weight, (5) to the softness of the tissue, and (6) to the fluidity of contents of the part wounded. In the matter of its penetration, as already stated, much depends upon the jacket or mantle. The steel-covered ball is much more penetrative than that covered with German silver. For instance, in a given experiment a .30" bullet mantled with German silver penetrated 5.3" of oak, while the same sized ball fired from the same weapon, but covered with steel, penetrated 19.5" of oak. It is an established law that resistance increases faster than does the penetrability of a given material due to the velocity of the ball, *i. e.*, beyond a certain point additional velocity causes only lateral destruction.

The lateral, or so-called explosive effect of the bullet is due (1) to the softness of its material (2) its velocity (3) its size or frontage (4) its weight (5) rapidity of rotation and (6) hardness of the tissues. These are all self-evident or axiomatic statements, which probably need no further definition.

Let us consider next the hydrodynamic properties of fluids and soft tissues. The incompressibility of fluids is everywhere understood,

but this fact is not generally known to be an explanation of the explosive effect of modern bullets upon tissues and hollow viscera containing fluids, as, for example, the brain, the heart, the stomach, the intestine and even the liver and spleen. So complete are the disrupting and disorganising effects of these missiles upon these tissues that several inches of bowel may be completely shattered by a perforating ball, and that at 1,100 meters even, or more, the brain may be completely pulpified. In certian other tissues, especially the muscles, the small balls will completely pass through the part without injuring it, as no large bullet could. This is particularly true of our small revolver bullets. Hunters take advantage of these known facts and wishing, of course, to disable such game as they may hit, prefer a soft large bullet to a small hard one. Hugier, in 1848, was perhaps the first to call attention to this explosive effect of balls in soft organs, and to give them their proper hydrodynamic explanation. This has since been quite fully demonstrated by Kocher, in Germany, Horsley, in England, and Woodhull of our own army medical corps.

There have prevailed most opposite opinions in recent years as to the humanity or propriety of using small bullets in modern weapons; some holding them to be the least fatal and most humane, others taking an exactly opposite view. These wide variations of opinion are due to the widely variant effects of small caliber projectiles, which can rarely be predicated or determined in advance, and which must depend in considerable degree upon the physical condition of the tissues wounded, of the velocity of the ball, of the distance from the weapon and the consequent excursion of rotation of the bullet. Moreover, so-called "vibratory physics," to which much attention is now being paid, are capable of shedding considerable light upon the subject, for much of the true explanation is undoubtedly included in complex vibrations into which the bullet itself is thrown, and which it transmits to the tissues. If a bullet in its flight can throw the air through which it passes into such vibration that there is transmitted to the ear of the bystander the peculiar whistling or "ping" of the ball, it is possitive that the tissues and fluids, through which it passes in inflicting a wound, must be thrown into much more positive and destructive sympathetic vibrations. And so it happens that sometimes such a bullet will make a clean hole through the bone and at other times completely shatter it. Woodhull has lately called attention to this fact and shown how it depends upon what may be known as the nodal point of the bone. Take this illustration which will be familiar to most of us: We all remember how with a baseball bat in our hands we may sometimes

strike the ball in such a way that a most disagreeable tingling or benumbing sensation is transmitted to our hands, while at other times there will be no unpleasant sensation, even though the ball be struck with considerable force. This all depends upon nodal points in the bat—in other words, on just what point of the stick comes in contact with the ball. And so it may happen that a bullet striking the upper end of the tibia may pass through it with little or no splintering, while striking its lower end it may completely shatter its upper extremity and so disorganise everything as to necessitate an amputation above the knee; an event which has actually happened in practice.

As is always the case with a solid body moving through fluid a certain amount of wave motion is set up. Whether the solid body move slowly or rapidly it displaces fluid, which must make room for it and then must readjust itself. When to motion in a straight line there is added a great centrifugal velocity and the effect of rotation, the effect upon the fluid and its container may be extremely explosive. There must also be taken into consideration here what the physicists call "cavitation" or the effect of the instantaneous vacuum which is formed behind a bullet in its rapid flight. This is something which may be noticed in a mild degree if one stand on the rear platform of a rapidly moving train. There is invitation, then, to the production of a vacuum, as may be noticed by the tendency to suck in dust and small fragments of any kind. Naval constructors notice the same phenomenon also in the rear of a screw propeller, since the water which is sucked in behind the moving vessel gets to be, in course of time, that is when the motion becomes too rapid, a positive obstacle to speed beyond a certain degree. Now there is cavitation behind every bullet and the consequence thereof is a series of wave-like rebounds, sufficient even to draw in and bulge out the flexible bone of a living skull. Under these circumstances, therefore, the wound of exit may be very large.

These effects can be most easily demonstrated, as Woodhull as shown, by firing rifle balls through a series of ordinary round tin cans more or less filled with fluid and lying upon the side. With an empty can the ball will pass through top and bottom making cleanly punched holes, but in proportion to the amount of fluid present and its density we get explosive effects by which, for instance, the bottom of the can will be completely torn loose, or the entire can practically exploded. The effect upon the heart, then, of such a bullet will depend in considerable degree on just how much blood the heart may happen to contain at the instant of injury, it being known that some-

times the heart is so exploded, when thus wounded, as to be simply unrecognisable.

In view, then, of what I have stated, you will regard it as questionable whether the new missile is humane or not. Demosthène held it to be more destructive than the old bullet, a view in which Lt. Stiles, Maj. Halley and Dr. Griffith concur. Girard also considers its humane effects to be purely mythical. The genius of modern war is, if possible, to prevent the enemy from fighting by injuring him or disabling him, and only to kill him if necessary. Obviously, with this new bullet the only way to absolutely stop him is to kill him promptly, and perhaps barbarously, for unless we kill him he may continue to advance and kill us. This sort of thing has repeatedly occurred in the campaigns in India and Abyssinia. During the Italian war there were cases of perforating chest wound which suffered only slight shock and did not disable, while the patient quickly recovered. The same was true also in the recent Chinese war. To stop the enemy or disable him at long range is the ideal of modern fighting, but it requires an accuracy of markmanship which can not be obtained with the average soldier, and is only obtainable with long trained sharpshooters. All these things considered, then, there are many scholars in the art of modern warfare who are now contending for a return to large caliber weapons, at least for the main body of the army. Large soft bullets are more quickly stopped, give up all their energy, and deliver a far more serious actual blow than do the new small weapons. It is a fact that the Italians were defeated in Abyssinia, a short time ago, largely because of the failure of their 6.5 mm. Mannlicher bullets to disable the enemy. So marked was this failure that for some time their ammunition was supposed to have been tampered with, so ineffective was it. It has been stated as a great argument in favor of our new projectile that it is capable of passing through 12 to 15 men at ordinary short range. This is true providing it does not strike fluid tissues, but it loses energy by exploding fluid-containing organs, like the heart, brain, bladder, and the like, when it will lose energy so fast that it cannot pass through more than three or four men at most (Woodhull, *New York Med. Jour.*, April 30, 1898). In the Chitral campaign the prisoners accounted for the absence of dead enemies on the battle-field by saying that unless a man was shot through the head or bowels he did not die, and that he was not even disabled unless by a wound of his lower joints. But the Chitrals themselves, with their .45″ rifles disabled a great many of the British soldiers and killed almost every time they hit.

Study now for a moment the effects of the new ball on particular tissues. In the skin, under ordinary circumstances, there will be little or no difference between the wounds of entrance and of exit. If such a ball pass through a blood-vessel of the larger class the edges of the wound will be so clean-cut that no retraction of the inner coat can take place; consequently, no spontaneous cessation of bleeding can occur. In other words, a wound of a large vessel will be quickly fatal unless bleeding be promptly checked. In the muscles the explosive action of these bullets will be least marked, unless the bone be also shattered. In the bones the explosive effects will be most marked at short range, for reasons which I have already alluded to. Beyond about 400 yards range they will be less so, while, again, at long range there will ordinarily be less shattering and comminution than the old balls used to produce, and a clean penetration will be the rule unless the nodal point is struck. In the joints themselves the small bullet rarely makes a severe injury save by shattering the bone. In the skull up to 1,200 to 1,500 yards complete shattering of the bone and disruption of the brain will take place. At short ranges the destruction will be even more terrific and the head so struck will lose all resemblance to human skull. In the chest, clean perforation of the lungs will ordinarily take place, unless pieces of bone are driven in. What may occur in the heart has been already alluded to. Tendons, unless struck squarely, are pushed aside by the bullet. The abdomen may be perforated even at the longest effective range of a weapon and multiple perforations of the intestines, with often complete destruction, may take place. The soft organs, like the liver, spleen and even the kidney may become pulpified.

Thus it will be seen that the nonfatal wounds of the future are likely to be less severe and to heal more rapidly and with fewer complications, also to require less radical treatment than those produced by the old bullets. That is, gunshot wounds inflicted by the new weapons will largely resolve themselves into two classes—the horribly destructive and the less severe (Davis, Annals of Surgery, Vol. XXV., p. 36.)

There has been much conjecture as to the effect of the heat of discharge upon the sterile or nonsterile condition of the bullet; it having been generally supposed that this heat was sufficient to completely sterilise the bullet by the time it leaves the muzzle. Captain Legard, of our army medical corps, made sometime ago a series of careful experiments with a view to the determination of this matter. He dipped the front ends of the cartridge in various cultures of

bacteria, using largely anthrax for this purpose, and then fired them into the various materials from which cultures or inoculations were made. He found that the heat was not great enough to sterilise bullets contaminated with anthrax, though it might be enough to kill less resistant organisms. In a general way, the results of his experiments went to show that this heat could not be relied upon for purposes of such sterilisation.

Without taking further time to consider the effect of modern missiles, let me now invite your consideration to a few remarks upon the treatment of the injuries which they inflict. For a number of years military and experienced civil surgeons have accepted the dictum of Esmarch, which may be summed up in these words, "when the ball has ceased to move it has ceased to do harm." In other words, the harm which a bullet does is done in its flight; so as soon as it has come to rest it is an innocent foreign body. It has taken many years of experience to educate men away from the ideas that a ball is necessarily a poisonous substance, and that the very first indication is for its removal. This is a mistake which in time past wrought incalculable harm. The first indication in every wound of this character is the checking of hemorrhage, the second, so far as the surgery of the battle-field is concerned, is primary antiseptic occlusion, or if you like to put it in other terms, abstention from interference. I need not remind many of the men in this room that during our civil war, for instance, a wound of the ankle-joint meant usually an amputation of the leg, a wound of the knee-joint an amputation of the thigh and a wound of the hip-joint an amputation at that joint, which was almost inevitably fatal. Contrast such results as those under the old regimé with the new method of treatment by noninterference The valuable lesson of such masterly inactivity was conspicuously taught us for the first time in the campaign in the Caucasus during the Turko-Russian war. At this time the Russian field-surgeon, Reyher, made an astonishing record by demonstrating that by primary antiseptic occlusion of gunshot wounds of joints, *i. e.*, by the let-alone policy, he not only saved most of the limbs thus injured, but got more or less useful and functionating joints. No more convincing demonstration of the value of antiseptic methods was ever offered than this, which revolutionised modern military surgery. Of course, you will not understand me as meaning that no bullet is ever to be removed, and no wound ever to be treated in any other way. What I mean is that primary abstentation from everything save checking of hemorrhage and occlusion or hermetic sealing of the wound is the proper emergency dressing.

What I specially want to condemn is the indiscriminate, thoughtless and usually injurious use of the probe. There is no lesson which it may teach upon the battle-field which cannot be learned without it, while the objections to its use are many. It is rarely, if ever, clean; it stirs the blood clot and tends to reproduce hemorrhage; it permits access of air to the deeper parts and it rarely gives information which is of any real service at the time. In the hands of most men it is a dangerous instrument and it would be well if we left it out of the ordinary pocket case, or military surgeon's outfit. It is an instrument to be used, if at all, in a division hospital and not at the front. Even should the bullet be touched with it the surgeon who uses it rarely has at hand the means for removal of the ball when he finds it. In civil practice I have seen great harm come from its use; how much more, then, may happen in military work; If an important cavity be entered by the ball that fact can be appreciated without the probe; if a large vessel be divided, probing the wound will only stir up fresh blood. If nerve trunks have been cut across, the probe is not needed for detection of the fact and four times out of five the ball has come to rest in a place which cannot be touched by the probe, even were there are no other objection to its use.

On the other hand, in a division hospital, or at some suitable place where deliberate work can be done, it is well to be provided with a telephone probe and a Röntgen apparatus, by which bullets or other foreign bodies can be accurately located and removed under every possible aseptic precaution, when this is considered wise or necessary.

Considering that our soldiers are now for the most part provided with packages of dressings with which to render their own first aid and that they are pretty generally tought the advantages of primary antiseptic occlusion, we can feel reasonably confident that the best thing will now be done in our armies and under the stress of military combat. I have repeatedly tried to secure the introduction of this dressing packet in the police force of this and other cities and the instruction of the men in its ordinary use, but have for the most part not succeeded. I need not remind you how advantageous such a course would be—for instance, in our own city.

In conclusion I would only say that the rules of military surgery are the rules which for the most part are necessary deductions from the teachings of the civil surgeons, and that they are the simplest of all formulæ which can be carried out to meet emergencies. By their judicious practice many more lives will be saved and we will

hear much less of sepsis, erysipelas, hospital gangrene and tetanus than ever before in our campaigns and will have warded off the greatest dangers which have in time past threatened our brave soldiers and devastated our military hospitals.

510 DELAWARE AVENUE.

HYSTERIA AND BRAIN TUMORS.[1]

BY WM. C. KRAUSS, M. D., Buffalo, N. Y.

WHERE the classical symptoms of brain tumor, as optic neuritis, headache, vomiting, hebetude and vertigo are present, it is perhaps inexcusable for the physician to mistake the process in the brain; but where one or two of these characteristic symptoms are absent or illy-developed, speculation as to the diagnosis is not only permissible but commendable. It is only in certain rare cases where the question of differential diagnosis between organic brain disease (tumor) and functional nervous disease (hysteria) arises that great care and skill must be exercised in the plan and in the grouping together of the results of the examination. Neither is it advisable nor discreet to commit one's self after a single cursory examination, such as is generally offered at consultations, but several thorough examinations should be insisted upon before the diagnosis is finally made. To call a case of tumor,—functional,—and promise an almost certain recovery, and then in the course of a few weeks be invited to attend the necropsy is certainly jarring to one's sensibilities; on the other hand, to discover the exact location of a tumor, advise operation and then watch the patient rapidly recover in the few days preceding the operation, or to find a healthy brain cortex in the trephine opening and the tumor symptoms all vanish after the cicatrisation of the wound is no doubt a great medical or rather medico-chirurgical triumph, but one in which the neurologist or attending physician plays no part. It might seem preposterous for a brain lesion, meaning certain death, to be mistaken for a functional nervous disease, generally curable and vice versa, and yet those who have had much experience in brain diseases will admit that such mistakes are liable to occur.

Schönthal[2] reports the case of a young man of nervous tendencies who began to fall into convulsions of hysterical character after a

1. Read at the thirtieth annual meeting of the Medical Association of Central New York, held at Buffalo, October 19, 1897.

2. Berliner Klinische Wochenschrift, 1891, No 10.

domestic quarrel. These spells were general, affecting the whole body, sometimes assuming opisthotonus. There was no history of head pain, vomiting, optic neuritis or mental torpor. The patient was of a susceptible temperament and was accordingly treated as a case of ordinary hysteria. After an illness of several months the patient died of an hypostatic pneumonia. At the autopsy, besides the expected pulmonary lesion an unexpected tumor was found in the left frontal lobe, which proved to be a hemorrhagic glioma.

Another interesting case was presented by Thomas[1] before the Johns Hopkins Hospital Medical Society, May 17, 1897, from which I quote in extenso:

The patient whom I wish to present to the society is a young, unmarried woman of 26, with a good family history, except that one brother is believed to have tuberculosis. She has been a fairly strong girl and has had no serious illness of any kind. Her occupation is that of a sewing woman and she has been learning stenography and typewriting.

About a year ago she had an attack of unconsciousness; this began with a painful contraction of the right hand, which lasted for a minute or two and passed up the arm, when she became unconscious. She was found about half an hour afterward by her brother, who shook her and brought her to herself. After this attack she was comparatively well and went to her employment the next day as usual. In August of last year she was under a great deal of nervous strain on account of the death of a relative. About this time she had several nervous attacks, which she calls "nervous chills," and which seem to have been hysterical. On November 8, 1896, while sitting with her arm resting on the table, she became conscious of a sensation of numbness in the elbow of her right arm. This arm and the leg on the same side became suddenly powerless and she has been told that her face was drawn to the left, but of this she was not conscious. With the onset of this paralysis she became absolutely unable to speak. She was put to bed and showed so much nervousness that the attending physician, a very competent man, made the diagnosis of hysteria and it was impressed upon her that she could, if she would, get up and walk and talk.

The 1st of last December she had another attack and another on the 12th of February and still another on the 26th of April. These attacks have all been of the same character, beginning with a painful contraction of the fingers of the right hand; this passes up the arm and she describes an intense pain in her head. At this time she says that she loses all knowledge that the arm belongs to herself, although she still experiences pain in it.

The ophthalmoscopic examination showed that the fundus was normal, although there is a slight degree of hyperemia. She has a congenital squint and a slight nystagmus, but other than this, no abnormality of the cranial nerves. She is unable to oppose the thumb to the little finger and the movements of the finger are very weak. The movements at the wrist are better retained and those at the elbow and shoulder better still. The movement of outward rotation of the arm is very weak indeed, whereas the inward rotation is comparatively strong. The deep

1, John Hopkins Hospital Bulletin, October, 1897.

reflexes are markedly exaggerated, percussion on any of the tendons causing active muscular contraction, and there is a well-marked wrist clonus. Objectively, there is not much muscular weakness of the right leg. Sensation is everywhere perfectly normal.

The author sums up the case as follows, showing that a large element of doubt has crept into the case, although he believes he has to deal with a "*probable* brain tumor." "I have been much interested in this patient, and it is surely an unusual case. That a young woman of her age should have been affected with a hemiplegia associated with a temporary loss of speech, and followed by recurring attacks, simulating closely Jacksonian epilepsy, is very remarkable. The diagnosis of hysteria seems at first sight the most probable one. Organic vascular lesions are very rare at her age, except when they are associated with syphilis. In this case there is nothing in the previous history or in the present condition that suggests such a cause. The patient was at the onset undoubtedly very hysterical, and you will remember that she gave the history of preceding hysterical attacks, all of which speak for the diagnosis of hysteria, but the condition in which you have seen the patient suggests an organic paralysis more than an hysterical one. Mann and other observers have studied the distribution of the paralysis, due to organic brain disease, and have determined that there are certain movements which are most apt to be paralysed. The movements which are most often paralysed are those of the thumb, and next in order of importance is the outward rotation of the arm. In the case before you, these are just the muscles which are paralysed. The excessive increase of the deep reflexes, which is present in this case, is also unusual in association with hysterical paralysis, so I think we are justified in stating that the character of the paralysis is that due to an organic brain lesion rather than to hysteria. The character of the convulsive attacks also points to an organic lesion, as true Jacksonian attacks are, as far as my knowledge goes, extremely rare in hysteria. Although *I am not very positive about it*, still I believe that we have a definite disease of the brain in this case, and I am inclined to think that this disease is a slow growing tumor."

Another case[1] reported from Dr. Ball's clinic in Saint Luke's Hospital, New York:

The patient was a girl, 16 years of age, who had suffered from vomiting and headache for about ten weeks before her death. During the last four weeks of her life she was under treatment and thought to be suffering from chronic gastritis

1. Medical and Surgical Report of the Presbyterian Hospital, New York, Vol. I., January, 1896, p. 78.

and hysteria. The headache was severe and persistent. The vomiting was most frequently in the morning, occurred from one to many times in the day, was independent of the taking of food or other apparent cause, and was generally accompanied by nausea. She was irritable and apparently hysterical. A week before her death she appeared to be much improved. About seven hours before her death she complained of severe pain in the head, the back of the neck and the epigastrium and was very irritable and noisy. She then became unconscious, with a general rigidity of the body, which lasted an hour; the pupils became much dilated, more so on the right side; there were slight muscular twitchings and for fifteen minutes a general tonic convulsion; the respiration became labored and the surface cyanosed.

At the autopsy a brain tumor was discovered. Along the upper inner edge of the right temporal lobe was a new growth, measuring 2 x 1 x 1 inches. It formed a part of the floor of the descending horn of the lateral ventricle and invaded the brain tissue in the neighborhood. About the growth, the tissues were degenerated and cystic. The right crus cerebri was compressed, atrophied and softened; the posterior part of the right optic thalamus was pressed upward and forward and the corpora quadrigemina were pushed toward the left and flattened; the convolutions of the cerebral hemispheres were much flattened. Microscopical examination discovered the structure to be a papillary growth, the vascular projections of connective tissue being covered by a layer of regular cylindrical cells.

This case resembles somewhat a case of my own where the diagnosis was at first thought to be that of hysteria, where improvement apparently followed treatment and where at the autopsy the brain was found to be the seat of advanced and extensive pathological change.

Thoma[1] has reported three cases of psychoses developing in individuals between the fiftieth and fifty-eighth year, where a decided hysterical element pervaded the symptoms without any suggestion as to any brain complications, and yet at the autopsy a brain tumor was found in each case.

Within a short time I have seen several cases in consultation which will illustrate some of the difficulties encountered in these illy-developed brain cases, resembling functional trouble and in functional disturbances simulating brain disease. One of the most pronounced is the following case:

Miss L., age 21; height, five feet one inch; weight, 120 pounds; complexion, dark; constitution rather delicate. Family history: grandparents lived to old age; parents living and healthy; no history of cancer, syphilis or tuberculosis obtainable. Early history: she passed through the diseases of childhood without any sequelæ; menstruated at thirteen years. She was bright in her school work and was employed for several years as a teacher. A love affair, with disappointing consequences, prompted her to cease her work and she left her home, near Canisteo, N. Y., for Rochester, N. Y., to resume her studies, in the fall of 1895

1. Neurologisches Centralblatt, 1896, p. 38.

While here she began to complain of not feeling well, was nervous, irritable, cross, suffered from headaches a great deal of the time and was losing in flesh. Her physician, diagnosticating her condition as neurasthenia with hysteria, prescribed nerve tonics and advised her to return to her home in the country. For a short time the change from city to country seemed to do her good and she became less nervous and complained less frequently of the head. In the spring of 1896 she began, however, to grow worse, the headaches, limited to the right side of the head, became more intense and at times she would have vomiting spells. She would also have attacks of syncope, especially if irritated or tired by callers. The left arm and leg became numb and she found that she was losing power over them. The fainting spells and head pains of the right side becoming so frequent and so intractable, a council of physicians residing in the neighborhood was called and after considering her case carefully decided it was hysteria. The head pains were regarded as hemicrania and the paresis of the left arm and leg was looked upon as of functional character. The fainting spells were supposed to be hysterical convulsions. They prescribed antispasmodics—dashing the face with cold water while in one of the fainting spells—and ordered absolute rest and seclusion.

This information was tendered me by the attending physician. Not satisfied with the condition of the patient, who seemingly was not improving, I was called by the brother to go and make a careful examination of the patient and report my conclusions to him.

On May 10, 1896, in the presence of the attending physician, I made the following examination: The patient, a bright, cheerful looking young lady, was in bed with cold compresses, soaked in alcohol, pressed against the right side of the head, while the left arm lay motionless upon the bed spread. She seemed to be in the best of spirits, laughed, joked and evidently anticipated having a good time. Her countenance was cheerful, eyes were sparkling and she seemed to enjoy her surroundings and home. Her mind was clear, active and alert; memory was good and her conversation interesting and entertaining. Head was very sensitive to touch—even the hair—and any pressure over the right side of the head was unbearable. In short, a degree of hyperesthesia was present. Eyes: pupils were equally dilated and no ocular defect of any kind could be noted. Unfortunately, not knowing the nature of the case, I did not bring an ophthalmoscope along and as the fundus had never been examined, it was impossible to tell in what condition the optic discs were. She did not complain of any loss of vision—thought she was able to see as well as before her sickness. The lower part of the face, left side, appeared somewhat paretic and the tongue deviated some to the left. The left arm was powerless, but when urged to exert herself she could move it and could develop some grip in the left hand. She could draw the left leg up, but could not raise it from the bed. The muscles were well developed and of good consistency. Tendon reflexes were slightly increased on both sides. There existed some difference in the sensation between the right and left sides, but not sufficient to attract much attention. Bowels were constipated; appetite poor; sleep irregular; urine normal; also pulse and temperature.

The examination was extremely unsatisfactory, because the one fact which I wished to know was unobtainable—namely, the condition of the optic discs. I informed the attending physician that the patient had many symptoms that might be regarded as hysterical, that

the supposed cause (a love affair) the hyperesthesia, the fainting spells, the appearance and demeanor, the paralysis of the arm and leg even, all could and are frequently met with in young girls of hysterical tendencies. On the other hand, there were indications that a more serious condition was present, and that a tumor in the right motor areas was probable. The latter view was the stronger and yet I did not dare inform the parents of the probable tumor and consequent prognosis unless I was reasonably sure. The ophthalmoscope only could decide the question in my estimation and as the patient's condition did not seem dangerous it was decided to have another examination on the following Sunday. The trip was postponed for another week, but on May 21st I received word that the patient died in one of the fainting spells. An autopsy was not allowed, but there is no doubt that the fatal termination decided the question unconditionally.

In some respects the case resembles another case of my own where the diagnosis was at first thought to be some functional disturbance but later judged organic by the appearance of the optic neuritis. The autopsy confirmed the opinion, as several tumors were found scattered throughout the brain. This case also is noteworthy because of the patient's mental condition. Instead of finding dulness of intellect, apathy, heavy countenance, dull expressionless eyes, the patient was an active, bright and sprightly girl with dash and fire in her eyes and possessed of a mind without any care. The fainting spells also deserve attention and is an unusual symptom in cases of brain tumor. It is needless to speculate upon the exact location of the tumor or its character as both facts must always remain problematical.

All cases of suspected brain tumor with hysterical manifestations must not be considered as having been absolutely organic because death has occurred, since it is a well-known fact that a fatal termination may sometimes result from the different effects of hysteria, and it is quite a mistake to look upon the disease as always having a favorable prognosis, so far as life is concerned.

Fournier and Sollier have observed cases of spasm of the glottis in hysterical girls so severe that death ensued. Also in hysterical angina pectoris, which is generally curable, yet Potain reported a case in which death took place and in which on post mortem examination absolutely nothing was found.

Fournier and Sollier also refer to hysterical anorexia in which there is sometimes a fatal termination, and even should recourse be had to artificial feeding there seems to be no power of absorption. The wasting continues and the patient dies. They also refer to the danger

of forcible feeding in such cases, and one of their patients who presented a marked degree of anorexia expressed a wish for some cheese, and died the same evening that she ate it. The authors point out that sudden death may occur after hysterical vomiting, and they give the notes of one of such cases, no lesion of any kind being found on post mortem examination. Thus it will be seen that the utmost care is necessary in making the examination and still greater care and caution in interpreting the meaning of the different symptoms. In a previous paper I have called attention to three groups of symptoms occurring in tumors of the brain, viz. : the early symptoms, the classical symptoms and the decisive symptom.

The early symptoms are similar to those met with in neurasthenia and hysteria, as headaches, incapacity for mental work, disordered digestion, nervous irritability and a general malaise. The classical symptoms enumerated in the order of their importance are (1) head pain, (2) optic neuritis, (3) mental apathy, (4) nausea and vomiting and as a special localising symptom to be added to this group must be included (5) paralysis. The decisive symptom, choked disc, is the only symptom which has never been observed in the varied symptomatology of hysteria, whereas all the early and classical symptoms have been frequently noted in functional diseases. It is therefore of extreme importance that this sign should be sought for, not only at the first examination, but at every subsequent examination until its presence is determined, or its absence along with continued improvement signifies a purely functional disturbance in the patient. It is well illustrated in the following interesting case: I was recently called into consultation to see a middle-aged lady who was suspected of having some cerebral neoplasm and was directed to localise the growth so that an operation could be performed. The patient had complained for some months with a severe headache over the right parietal bone, sensitive on pressure, with spells of nausea and vomiting. Her mind was dulled, her voice almost inaudible, and it was with some difficulty that she could be persuaded to carry out the orders of the physician. There was no pronounced paralysis of the extremities present, although the tongue seemed to point more toward the left and the velum palati over the right side seemed higher than on the left. The pupils were equally dilated, reacted normally and the ophthalmoscope failed to show the least disturbance of the optic discs. No satisfactory results could be obtained from the cutaneous examination on account of the apathy and blunted mentality of the patient.

The diagnosis of hysteria was made almost exclusively on the absence of papillar disease and subsequent improvement and recovery substantiated the correctness of the diagnosis.

Studying carefully 100 cases of brain tumor in which an ophthalmoscopic examination had been made for the presence or absence of choked disc (optic neuritis) I was forced to the following conclusions:[1] (1) Optic neuritis is present in about 90 per cent. of all cases of brain tumor. (2) It is more often present in cerebral than in cerebellar cases. (3) The location of the tumor exerts little influence over the appearance of the papillitis. (4) The size and nature of the tumor exerts but little influence over the production of the papillitis. (5) Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth. (6) It is probable that unilateral choked discs is indicative of disease in the hemisphere corresponding to the eye involved. (7) It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor. (8) Optic neuritis is never present in functional nervous disease. (9) Where the diagnosis between organic brain disease (as tumor) and functional nervous disease (as hysteria) is held in abeyance, the presence or absence of optic neuritis in the great majority of cases will clear up the doubt.

371 DELAWARE AVE.

GASTRIC CARCINOMA.[2]

THE PRESENCE OF THE FADEN (OPPLER-BOAS) BACILLUS AS AN IMPORTANT DIAGNOSTIC FACTOR IN GASTRIC CARCINOMA.

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IN NO department of internal medicine has there been more marked progress during the past two decades than in the domain of gastric diseases. The success lies in the introduction of the stomach pump by Kussmaul and the stomach-sound by Leube, and following these the use of the soft stomach-tube by Oser and Ewald, so that by their use we were first enabled to study the gastric contents. This stimulated investigations in a branch of medicine which up to that time was little known. The name dyspepsia, that harbinger of ignorance,

1. Transactions of the Medical Society of the State of New York, 1898.
2. Read before the Roswell Park Medical Club, May 9, 1898.

is being replaced by names of diseases whose pathology is known and therefore which can be relieved by treatment other than empirical. By a direct examination of stomach contents we are now enabled to conveniently classify the diseases of the stomach.

It is not my purpose to speak of the value of chemical analyses, but briefly to allude to the benefits of microscopical examinations in the diagnosis of diseases of the stomach, and more especially in gastric carcinoma. Although this method of examination may not be an absolute determining factor of the underlying morbid pathological anatomical conditions, still in conjunction with other subjective and objective symptoms it is of absolute importance and often leads to a certainty where otherwise there would be doubt.

Limiting ourselves to gastric carcinoma, it has been established from examination of the blood that there is a leucocytosis, especially in such cases where the neoplasm has undergone ulceration or necrosis or where there are metastases in other organs (Clinical examination of blood—Cabot). Many observers, among whom may be mentioned Hartung (Wiener Klinische Woch., p. 697, 1895) and Schneyer, (Zeit. für Inner. Med.) have found the absence of the ordinary leucocytosis of digestion in gastric carcinoma.

We are much indebted to Boas and Paul Cohenheim (Archives für Verdaungs Krankheiten, Bd., p. 274) for calling to our attention the importance of the microscopical examination of particles of mucosa obtained from the washings of the stomach in gastric cancer and other diseases.

I have chosen as a subject one, which to me at least for the past two or three years, has been of interest—namely, the presence of Faden (Oppler-Boas) bacillus as an important diagnostic factor in gastric carcinoma. This organism has invariably been found by me to be present in suspected cases of gastric carcinoma, in a number of which the diagnosis was later verified by the increasing symptoms of the progress of the disease and, of greater importance, by the microscopical detection of the tumor post mortem.

This organism was first detected in the stomach contents by B. Oppler (Deutsche Med. Woch., 1895, No. 5) while an assistant at the Poliklinik of Boas, and in the same year was described by Schlesinger and Kaufmann, (Wiener Klinische Rundschau, 1895,) all of whom assert that a large number of these bacilli found in the stomach contents is indicative of gastric carcinoma.

When we consider the chance for recovery or prolongation of life by operative interference, which is given to a patient if the disease

may be diagnosticated early enough, and the fact that this organism may be detected when there still is no tumor palpable and when the cachexia may as yet not be sufficiently advanced to make an operation impracticable, you will agree with me that we have in its presence a sign of great and practical importance.

As described by Oppler, these bacilli are long, slender and non-motile and may be seen in every field, lying between the cellular elements and particles of food of stomach contents.

Strauss and Bialcaom (Zeit. für Klin. Med., XXVIII., No. 5 and 6,) have been able to get cultures of them. They do not grow on gelatine or agar, but on a mixture of agar two parts and one part of filtered concentrated glucose and carcinomatous juice.

Kaufmann and Schlesinger obtained growths on meat peptone agar and glucose agar. Their presence seems to be favored by an absence of free hydrochloric acid and the presence of lactic acid. Kaufmann and others assert that these organisms have the power of forming lactic acid from various kinds of sugar. In staining them you proceed as with other microörganisms, spread them with the stomach contents on a cover glass, dry, fix by passing through the flame and stain with any of the aniline dyes (methylene blue, gentian violet and the like). They also take on the Gram stain. They may be seen with the high power and better still with the oil immersion.

If you ask me what pathological relationship exists between the neoplasm and the presence of the bacteria, I must admit that in all probability they are a result of the carcinoma and not its cause, for if we consider the great loss of motility and the ensuing dilatation with its food stagnation and putrefaction, due to the absence of free hydrochloric acid; here may be found a cause for their presence.

Rosenheim and Richter (Zeit. für Klin. Med., Bd. XXVIII., Nos. 5 and 6) claim to have seen these organisms in other than carcinomatous cases, but so far as my observations and others whom I have mentioned in this paper are concerned, they are present only in carcinoma and never in other structural or functional gastric diseases. Their presence is, therefore, not only of value in the diagnosis of gastric carcinoma, but in their absence we may exclude, in conjunction with their symptoms, other diseased conditions which may at sometime in their course very much simulate gastric carcinoma.

In gastrectasia, due to a benign obstruction, there are microörganisms called the raccinæ ventriculi present. They are observed in biscuit or bale-shaped groups of four, eight or sixteen, arranged together. During the progress of a gastrectasia they may be replaced

by the Oppler-Boas bacilli and this indicates that a pyloric obstruction, which may have been adenoma or a cicatrix of an old chronic ulcer has become an adeno-carcinoma and the seat of the ulcer undergone a carcinomatous infiltration. There are other diseases, such as gastritis anacida and achylia gastrica where, as is common in carcinoma, free hydrochloric acid is absent, in which I have been unable to see these organism.

I will briefly allude to the experience of observers on these organism. Kaufmann has found the organisms nineteen times in a series of twenty cases. Oppler does not mention the number of cases in which he has detected them, but from my experience at the Boas Poliklinik, where Oppler made his first observations, he must have seen a great many cases in which they were present, for I was able to detect them in this large clinic in at least eight or ten cases, which were diagnosticated as gastric carcinoma.

Boas in his book (Allgemeine Diagnostik und Therapie der Magenkrankheiten, Dr. I. Boas, Theil II., page 182,) speaks of the significance of these organisms.

In 1896 I found them present in a case of Dr. Allen Jones, of this city. He reported this case in his excellent paper on gastric carcinoma (Med. News, 1896). In this patient there was no palpable tumor or perceptible dilatation. Dr. Jones recently told me that this case died. There developed a palpable tumor; blood and fragments of ulcerating growth were frequently found in the washings from the stomach afterwards.

Hemmeter (Diseases of the stomach, p. 529)says that these organisms are a very important diagnostic sign in gastric cancer. In sixteen cases thus far examined by him he found it present in fourteen.

Charles G. Stockton and Allen Jones in their article on carcinoma (Am. System of Prac.) also attach importance to their presence. They say "the Faden-like bacillus is often present in carcinoma, but has not been found in other diseases."

Prof. Reigel, of Giesen, (Die Erkrankungen des Magens, p. 74, 1896,) says "the fact of the constant and enormous presence of these bacilli in cancer, I can substantiate from personal observation. If they are not pathognomonic they are very useful from a point of diagnosis."

I herewith report a number of cases in which I have found them present, all of which were found to be carcinoma on post mortem examination.

CASE I.—W. A., aged 48.—In the practice of Dr. A. T. Lytle.—Policeman; hard drinker. Since 1895 complained of gastric distress after eating and weakness. Was in General Hospital in 1895. Vomiting increased as did weakness, also a pernicious anemia. Red corpuscles, 1,209,375; white corpuscles, 12,500; hemoglobin, 25 per cent. All of the gastric symptoms increased and there was no great emaciation. There was absence of free hydrochloric acid, the presence of lactic acid and the Faden bacilli in large numbers. Died, October 30, 1896.

Post-mortem. Pancreas enlarged; nodules in the liver; a gastric carcinoma located on the seat of an old gastric ulcer, on the posterior wall of the stomach, between the pylorus and cardia. In this case there was no marked emaciation; because of the location of the neoplasm there was no pyloric obstruction.

CASE II.—B. B., aged 49, infantryman, seen with Major Appel at the Army hospital in 1895. History of excessive drinking for a number of years. At time of examination the patient was much emaciated, cachectic, very anemic and vomited excessively. There was also marked tenderness and pain over the whole abdominal area. Examination of blood showed a marked leucocytosis and a chloroanemia. Patient died, and the necropsy performed by Dr. H. U. Williams revealed an ulcerating carcinoma on the posterior wall of the stomach near the pylorus. There were nodules in the liver and the lodes were also involved. Microscopical examination of the tumor proved it to be an encephaloid carcinoma.

CASE III.—A post mortem of a case in the practice of Dr. Gustav Pohl, in which I was enabled to get some of the stomach contents and in which the bacilli were present in large quantities, the tumor was situated at the pylorus and was ulcerative.

CASE IV.—A case at the General Hospital in which it, together with other well marked-symptoms of advanced carcinoma were present. The patient left the hospital, but I have since learned of his decease.

Dr. H. J. Knickerbocker, under my supervision, collected four cases, in all of which he found the organisms present.

Lastly I have to relate a case where its absence greatly aided in the diagnosis of a benign cicatricial contraction at the pylorus.

CASE V.—J. G., aged 59, cooper, German, seen at General Hospital. For six or seven years had feeling of distress after eating. Vomits and vomitus has sour taste and disagreeable odor. Lost greatly in weight and strength, to such a degree that he could no longer work. Has done nothing for four years. At time of examination is anemic; the skin is dry and he is much emaciated. The lower border of the stomach is found below the umbilicus and there may occasionally be seen anti-peristaltic movements and a ballooning of the stomach.

Test examination revealed hydrochloric acid and lactic acid—no Faden bacilli, but a great number of sarcinæ. The diagnosis was made of a benign obstruction at the pylorus and the case was transferred to the surgical clinic, where Dr. Parmenter performed a gastro-enterostomy. The tumor was examined afterward microscopically and it was found to be fibrous tissue. The case died of shock.

From the above I am led to conclude that (1) the Oppler-Boas bacillus is a very valuable aid in the diagnosis of gastric carcinoma.

(2) That it may easily be demonstrated and therefore is of practical importance.

400 FRANKLIN ST.

CARCINOMA OF TESTICLE.[1]

BY A. A. YOUNG, M. D., Newark, N. Y.

I DESIRE to state at the outset that the title of this paper is to be considered from the standpoint of the laity and thus including several malignant growths; this is intentional because the growth in question has not as yet been determined or classified. It is with this conception that I desire to report a case that came under my observation in March, 1897. As to the malignancy of the growth there can be no question, though no history of cancer or other hereditary disease could be elicited. The patient who had already passed seventy summers had always enjoyed moderately good health and during that period had been an active hard working man. The primary or exciting cause of this affection is therefore questionable and only conditions can therefore be considered.

Examination of the patient revealed an enlarged left testicle, fully four times as large as its fellow, hard, nodulated, tender and adherent on its anterior portion to the scrotum.

The adherent portion of the scrotum was circular in form and fully one and one half inches in diameter. An operation was at once advised and about ten days later was submitted to. The entire half of the scrotum was removed, including the septum scroti, which was also adherent to testicle. The amputation of the cord and accompanying vessels was made just within the inguinal canal. A suture or thread was passed through the cord, just above point of amputation and gentle, but continuous traction made upon the ligature in a downward direction, the object of which was to prevent the formation of a hernia, toward which there were marked tendencies. All bleeding vessels were secured and wound closed by sutures, save a small opening through which the ligature passed and this was plugged with iodoform gauze; repair was moderately rapid and satisfactory, save through that portion of tissue occupied by this suture. This suture was removed one week after the operation. For three weeks there seemed to be no improvement in the sinus, although it was freely irrigated with various antiseptic solutions. About the beginning of the fourth week application was made along the entire course of the sinus, by the aid of a bit of absorbent cotton on a probe, saturated

1 Read at the thirtieth annual meeting of the Medical Association of Central New York, at Buffalo, October 19, 1897.

with a 25 per cent. solution of formaldehyde (Merck). Repair at once began and it required only three applications, one every forty-eight hours, to practically close the sinus. Repair was soon completed and the parts assumed a healthful appearance and so remain today.

Of the medicinal agents protonuclein and red sulphuret of arsenic, 1-40 grain, were prescribed and persisted in for about two months, during which time no apparent benefit could be observed when they were discontinued.

About twenty weeks later the patient again appeared and infomed me that the remaining testicle was affected. It was about double its normal size, tender, but not nodulated or adherent to contiguous parts; by request of the patient, surgical interference was postponed for ten days, during which time the part materially increased in size and tenderness. The testicle was then removed, the cord severed just within the inguinal canal as before. The adjacent tissues not being involved were not sacrificed. The wound was closed and parts cleansed with a weak solution of formaldehyde daily. So far as the parts were concerned recovery was rapid and satisfactory. This wound differed from the other in that there was no pus formation.

The patient, however, from some cause rallied more slowly than from the previous operation. Anorexia and muscular weakness were marked. Several of the so-called tonics were tried without any apparent improvement in his condition until the administration of nuclein (Aulde) when happy and marked changes were observed, consisting of increased desire for food, together with its better assimilation and the consequent improvement in flesh and strength. The parts at present have the appearance of normal and healthful tissue. That the growth belongs to the class of encephaloid carcinoma is quite probable for we had the peculiar pain, rapid growth of the abnormal tissue, and its being confined to the body of the testicle and its becoming rapidly adherent to the scrotum. The left testicle, when first seen, was irregular in outline, due to the breaking down of the tunica albuginia; while the member seen last, where there was a short period of development, was swollen, but otherwise smooth and uniform.

There can be but little doubt but that my first impressions approximated the truth. As to treatment but little can be said outside of the time-honored custom of castration, which sometimes also proves a failure. As an adjunct to the "extirpating" treatment, from experience in this case, nuclein and formalin give flattering promises and each seem worthy of a more extended experimentation

22 EAST MILLER ST.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Medical Officers of the Civil War—Women Physicians—History of Homeopathy—Individual Members of the Profession.

[*Continued from the June edition.*]

1856—S. O. Almy, James B. Colegrove, Benjamin H. Lemon, William Howell, D. Devening, Edward L. Holmes, J. A. Jeyte, Jr., George Hadley and J. Condict Whitehead.

George Hadley, who joined the society in 1856, was a teacher of chemistry at the University of Buffalo from the foundation of the medical college until his death, which occurred October 16, 1877, when he was 64 years of age. He was universally loved and respected by physicians and students.

Benjamin H. Lemon was appointed demonstrator of anatomy in Buffalo Medical College in 1858, and served as such for three or four years.

Officers for 1856—President, William Van Pelt; vice-president, Frank H. Hamilton; secretary, James M. Newman; treasurer, Charles H. Wilcox; librarian, James B. Samo; primary board, Sandford Eastman, C. H. Baker and James S. Hawley; censors, P. H. Strong, C. H. Baker, R. W. Nelson, C. C. Wyckoff and C. B. Hutchins.

1857—John Gilmore, G. A. Rogers, F. F. Hoyer, Austin Flint, Jr., Sylvester Rankin, Henry Nichell, John P. Cole, Charles P. Fanner.

Austin Flint, Jr., who joined the society in 1857, was appointed professor of physiology at the Buffalo Medical College in 1858 and became editor of the BUFFALO MEDICAL JOURNAL during the same year. He was teaching physiology at the Bellevue Hospital Medical College, New York, until its union with the University Medical College in 1898.

Dr. F. F. Hoyer, of Tonawanda, is still actively engaged in the practice of medicine and was president of the society in 1880.

Dr. Henry Nichell has been a practising physician in Buffalo for more than forty years and is still so engaged.

Officers for 1857—President, Frank Hastings Hamilton; vice-president, Jabez Allen; secretary, James M. Newman; treasurer, Charles H. Wilcox; librarian, James B. Samo; primary board, Sandford Eastman, James S. Hawley, C. B. Hutchins; censors, John Boardman, P. H. Strong, Josiah Barnes, C. C. Wyckoff, G. F. Pratt.

1858—Augustus Jansen, Jesse I. Richards, J. Fletcher Stevens Wm. H. Butler, N. S. Lockwood, Charles Storck, Andrew C. Morey, Bernard Monahan.

William H. Butler was a man of sterling character, an able physician who obtained the respect of his colleagues and that of the community. He was appointed acting assistant surgeon in the army during the civil war and assigned to duty at Armory Square Hospital, Washington, D. C. He died during his service at this hospital, February 5, 1864.

Officers for 1858—President, Austin Flint; vice-president, L. P. Dayton; secretary, James M. Newman; treasurer, John Root; librarian, James B. Samo; censors, B. H. Lemon, William Gould, C. B. Hutchins, C. C. F. Gay, L. J. Ham; delegates to the state society, Charles H. Wilcox, John Boardman, P. H. Strong, William Van Pelt.

1859—J. Henry Rathbone, J. Whittaker, Charles Mead, Charles K. Winne, Samuel D. Flagg, J. R. Lothrop and William H. Mason.

Joshua R. Lothrop, who joined the society in 1859, was a man of integrity of character, possessed a high order of ability and attained conspicuous reputation as a skilful physician. He was president of the society in 1867. About this time his health began to fail. He returned to his native state, where he hoped to improve his health, but this proved futile and he died July 22, 1869, at Plymouth, Mass.

Charles K. Winne, who joined in 1859, was a son of Dr. Charles Winne. He entered the United States Army in 1861 as a medical officer and is still serving in that capacity.

Wm. H. Mason was appointed professor of physiology in Buffalo Medical College in 1860, and continued to teach in that chair until 1885, when he resigned his active labors, though he is still holding emeritus honors. His residence is Norwich, Conn.

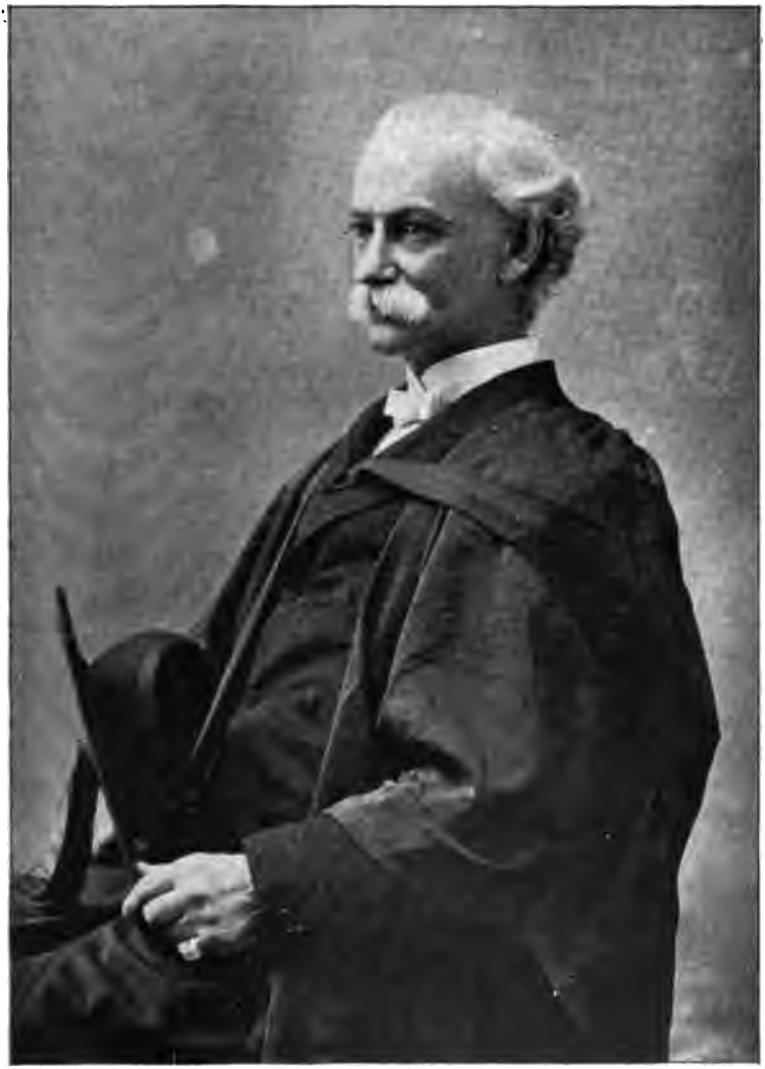
Officers for 1859—President; L. P. Dayton; vice-president, James M. Newman; secretary, James S. Hawley; treasurer, C. C. F. Gay; librarian, James B. Samo; primary board, Sandford Eastman, John Hauenstein, Julius F. Miner; censors, B. H. Lemon, William Gould, C. B. Hutchins, William Ring, L. J. Ham.

1860—Leon F. Harvey, John Cronyn.

Leon F. Harvey served as secretary of the society from 1862 to 1866 inclusive. He was a successful practising dentist in Buffalo for many years, but always kept in touch with the medical profession. He removed to Denver, Colorado, in July, 1897.

John Cronyn came to Buffalo in 1859 from Canada and established himself at the corner of Church and Pearl streets. He rapidly gained an active professional practice and soon was appointed first as surgeon and next as physician-in-chief of the medical staff of the Buffalo Hospital Sisters of Charity, which latter office he held until his death. The medical department of Niagara University was established in 1883, largely if not principally through his instrumen-

tality, and in that college he held the chair of principles and practice of medicine, and was president of the medical faculty from the



JOHN CRONYN, M. D.

foundation of the school until his end. In 1888, Niagara University conferred upon him the degree of Ph. D., and in 1893 that of LL. D.

Dr. Cronyn was president of the New York State Medical Association (1888), twice president of the Medical Society of the County of Erie (1875-1876), twice president of the Buffalo Medical and Surgical Association (1876-1883) and an honorary member of the Ontario Medical Association. For several years he was a member of the board of managers of the Buffalo State Hospital and a part of the time served as president of the board. He died February 11, 1898, aged 72 years.

Officers for 1860—President, William Treat; vice-president, Sandford Eastman; secretary, Samuel D. Flagg; treasurer, C. C. F. Gay; librarian, James B. Samo; primary board, Sandford Eastman, John Hauenstein, Julius F. Miner; censors, John Boardman, William Gould, C. B. Hutchins, William Ring, William H. Butler.

1861—Elias L. Bissell, Charles E. Brownell, Thomas Lothrop, P. S. Dorland.

Elias L. Bissell is still actively engaged in the practice of his profession in Buffalo and is one of the respected members of the society. He served as a medical officer during the civil war.

Thomas Lothrop, who joined in 1861, became president in 1874, and is still engaged in the daily practice of his profession. He became one of the editors of the BUFFALO MEDICAL JOURNAL in 1879 and has continued his relationship to that magazine up to the present day. He is one of the trustees of the Buffalo State Hospital, president of the Church Charity Foundation, was vice-president of the medical faculty of Niagara University and professor of obstetrics in that institution until June, 1898, when it was merged with the Buffalo University. He is honorary professor of obstetrics in the latter institution.

Officers for 1861—President, Sandford Eastman; vice-president, James B. Samo; secretary, Samuel D. Flagg; treasurer, C. C. F. Gay; librarian, C. C. Wyckoff; primary board, Edward Storck, Julius F. Miner, John Hauenstein; censors, John Boardman; William Gould, J. R. Lothrop, William Ring and H. M. Congar.

1862—Merritt H. Shaw, John McKinnon, Thomas M. Johnson.

Thomas M. Johnson, who joined in 1862, served as secretary of the society from 1866 to 1868 and was chairman of its committee of membership for many years. He was a medical officer during the war of the rebellion. He retired from the active practice of medicine about 1880 and has since been engaged in the drug business.

Officers for 1862—President, James B. Samo; vice-president, Charles Winne; secretary, Leon F. Harvey; treasurer, C. C. F. Gay; librarian, James B. Samo; primary board, C. C. Wyckoff, Edward Tobie, George Abbott; censors, John Boardman, George Abbott, J. R. Lothrop and John Cronyn; delegates to the state society, Sandford Eastman, Josiah Barnes, Horatio N. Loomis and Edward Storck.

1863—Joseph A. Peters, James S. Smith, C. W. Collier, S. W. Wetmore, Horace Tupper, William Robinson.

Of this number Dr. Smith and Dr. Wetmore are still members of the society and engaged in active practice.

Officers for 1863—President, Charles Winne; vice-president, C. C. Wyckoff; secretary, Leon F. Harvey; treasurer, William Ring; librarian, James B. Samo; primary board, C. L. Dayton, George Abbott, Edward Tobie; censors, John Boardman, John Cronyn, J. R. Lothrop, O. K. Parker and H. M. Congar.

1864—George Ayer, H. B. Horton, H. Vanguysling, E. B. Tefft, J. C. Greene, Andrew J. Houghton, J. S. Havens, O. W. Beckwith, U. C. Lynde, P. Goodyear and R. J. Curtis.

George Ayer was born at Hampton, N. H., May, 1821, and graduated from Dartmouth College in 1841. He took his medical degree in 1844, soon after which he located at Stafford, Genesee county, N. Y. He came to Buffalo in 1863 and joined the society a year later. He was engaged in active practice until within a few weeks of his death, which occurred December 8, 1877.

Joseph C. Greene was president in 1884 and is still engaged in the practice of his profession.

Officers for 1864—President, Cornelius C. Wyckoff; vice-president, George Abbott; secretary, Leon F. Harvey; librarian, James B. Samo; treasurer, William Ring; primary board, C. L. Dayton, S. W. Wetmore, Edward Tobie; censors, T. M. Johnson, M. H. Shaw, J. R. Lothrop, O. K. Parker and J. E. Peters.

1865 Jeremiah N. Brown, F. W. Bartlett, R. S. Myers, Edward Little, George W. Barr, ———[1] Gleason, John Cole, ———[1] Burgher.

Frederick W. Bartlett made application for admission to the society in 1859, action on which was indefinitely postponed. Dr. Bartlett called the matter up in a communication two years later, but the society, considering his methods of practice irregular still declined to elect him to membership. Finally, a peremptory mandamus from the Supreme Court was obtained by Dr. Bartlett, compelling the society to admit him. The society carried the matter to the court of appeals which decided in Dr. Bartlett's favor and he was admitted to membership in June, 1865. He was elected vice-president in 1894, and president in 1895. He pursued the practice of medicine until within a few months of his death, which occurred March 17, 1897.

Dr. Robert Wile, of Germany, was on motion of Dr. Hauenstein, elected corresponding member at the annual meeting in 1865 and during the session Dr. Wile demonstrated to the society the use of the laryngoscope, an instrument then coming into use.

1. Christian name does not appear on the record.

At a special meeting of the society, held February 4, 1865, Dr. William G. T. Morton gave a detailed account of his discovery of the anesthetic properties of sulphuric ether and its application in surgery, a full report of which may be found in the BUFFALO MEDICAL JOURNAL, November, 1896.

Officers for 1865—President, C. C. F. Gay; vice-president, George Abbott secretary, L. F. Harvey; treasurer, William Ring; librarian, James B. Samo primary board, Sandford Eastman, J. A. Peters, L. P. Dayton; censors, S. W. Wetmore, S. F. Mixer, J. A. Peters, J. R. Lothrop and P. H. Strong.

1866—David R. Lovejoy, F. W. Abbott, William C. Phelps, E. H. Hayen, Frank C. King, F. G. Stanley, Charles W. Bourne, Andrew Kamerling, H. S. Taft, George W. Nesbitt.

Officers for 1866—President, George Abbott; vice-president, Joshua R. Lothrop; secretary, T. M. Johnson; treasurer, William Ring; librarian, James B. Samo; primary board, L. P. Dayton, E. B. Tefft and H. Vanguysling; censors, S. W. Wetmore, S. F. Mixer, J. R. Lothrop, P. H. Strong, John Hauenstein.

1867—Samuel Potter, M. E. Shaw, Henry Lapp, Conrad Diehl, B. H. Daggett, C. F. A. Nichell, G. A. Mackey and Milton G. Potter.

Henry Lapp, of Clarence, elected a member in 1867, was president in 1877, and became permanent member of the state society in 1881. He is a successful physician, in active practice at the present writing.

Conrad Diehl has been in the active practice of his profession for thirty years, during the greater part of the time one of the attending physicians at Buffalo General Hospital, was a school examiner for several years and is at present serving as mayor of the city, having been elected November 2, 1897, for the term of four years.

Milton Grosvenor Potter served as secretary of the society from 1868 until 1872, and was elected professor of anatomy at Buffalo Medical College in 1870, in which capacity he continued to teach until his death, January 28, 1878. He developed great capacity as a teacher, was a skilful physician and acquired a large practice while yet a young man. His talents were conspicuous and such as to command respect from his seniors as well as his contemporaries.

Officers for 1867—President, Joshua R. Lothrop; vice-president, John Boardman; secretary, T. M. Johnson; treasurer, William Ring; librarian, James B. Samo; primary board, H. S. Taft, W. C. Phelps, F. W. Abbott; censors, S. W. Wetmore, S. F. Mixer, Thomas Lothrop, P. H. Strong, John Hauenstein; delegate state medical society, George Abbott.

1868—Edwin R. Barnes, A. R. White, William D. Murray, ———[1] Eddy, Henry R. Hopkins, Charles B. Schuyler, David A. Chace, M. Willoughby, John Nichols, L. P. L. Parker.

Henry Reed Hopkins, who became a member of the society in 1868, has taken an active part in its proceedings since that time. Was vice-president in 1896 and president in 1897. He is professor of hygiene at Buffalo University Medical College. It was at his instance that the society formulated a medical practice act, creating a separate state medical examining board, which, with some modifications of his original draft, though retaining the fundamental idea, is the law under which all physicians who desire to practise in this state must obtain license.

At the semi-annual meeting of the society, held June 9, 1868, Dr. Gorham F. Pratt read a memoir of Dr. Cyrenius Chapin. On

1. Christian name does not appear on the records.

motion of Dr. White 1,000 copies were published at the expense of the society, 600 of which were distributed with the BUFFALO MEDICAL JOURNAL and may be found in Volume VIII., new series.

Officers for 1868—President, John Boardman; vice-president, Orlando K. Parker; secretary, Milton G. Potter; treasurer, William Ring; librarian, James B. Samo; primary board, T. M. Johnson, J. B. Samo, J. S. Smith; censors, S. W. Wetmore, S. F. Mixer, J. R. Lothrop, P. H. Strong, John Hauenstein.

1869—Hiram Taber, William H. Gail, J. W. Van Peyma, E. T. Dorland, H. B. Murray, Albert S. Rogers, William O. Taylor, W. S. Talbot, John J. Burk, Henry S. Ellwood, E. W. Williams, Loren F. Boies.

At the annual meeting held January 12, 1869, Dr. John S. Trowbridge read a memoir of his father, Dr. Josiah Trowbridge. On motion of Dr. Wyckoff it was ordered that 1,000 copies be published in pamphlet form for distribution, 600 of which were sent out with the BUFFALO MEDICAL JOURNAL. See Volume VIII., new series.

Officers for 1869—President, Orlando K. Parker; vice-president, Julius F. Miner; secretary, Milton G. Potter; treasurer, William Ring; librarian, James B. Samo; primary board, E. R. Barnes, Henry R. Hopkins, William C. Phelps; censors, Sandford Eastman, John Boardman, Milton G. Potter, E. M. Smith and J. R. Lothrop.

1870—M. B. Folwell, E. G. Harding, Julius Wenz, A. H. Crawford, Alphonse Dagenais, E. R. Lockman, James Sloan, Dyer Slocum, George W. Pattison, T. W. Parker, Robert C. Campbell and A. H. Briggs.

Albert H. Briggs, who became a member in 1870, has attained prominence in the profession of medicine and is known as a skilful practitioner of judgment. He volunteered his service in the war between the United States and Spain and was commissioned as surgeon of the 65th N. Y. Volunteers, May 1, 1898.

Mahlon B. Folwell, a native of Romulus, N. Y., who joined the society in 1870, came to Buffalo after the close of the civil war and pursued his medical studies under Dr. Wyckoff, receiving his doctorate degree from Buffalo University Medical College in 1867. He afterward became associated in practice with Dr. George N. Burwell and in December, 1882, married Florence, daughter of Leonidas Doty, of Buffalo. He was a consulting physician at Buffalo General Hospital; attending physician at the Buffalo Orphan Asylum and at the Children's Hospital; and was clinical professor of diseases of

children at the medical department, University of Buffalo. Dr. Folwell was also a member of the Buffalo Academy of Medicine, Buffalo

MAHLON B. FOLWELL. M. D.

Medical Club, the Liberal, Buffalo, Saturn and University Clubs and a companion of the Military Order of the Loyal Legion.

Alphonse Dagenais, who joined in 1870, was a graduate of the Montreal School of Medicine and Surgery in 1867, and a licentiate of the Medical Society of the State of New York in 1870. He was also a member of the College of Physicians and Surgeons of Ontario, of the American Medical Association, of the Buffalo Academy of Medicine and of the Buffalo Medical Union. He attained the respect and confidence of a large community. He died March 4, 1897, aged fifty years.

Officers for 1870—President, Julius F. Miner; vice-president, William Gould; secretary, Milton G. Potter; treasurer, William Ring; librarian, James B. Samo; primary board, E. R. Barnes, Henry R. Hopkins, W. C. Phelps; censors, Sandford Eastman, John Boardman, M. G. Potter, W. O. Taylor and Henry Nichell.

1871—J. G. Bailey, Eugene H. Hickey, Rollin L. Banta, John J. Walsh, Michael F. Talbot, Dugald Macniel, John H. Wheeldon.

Dugald Macneil became a teacher of dermatology in the Medical Department of Niagara University. He died March 21, 1885.

Officers for 1871—President, William Gould; vice-president, William Ring; secretary, Milton G. Potter; treasurer, W. C. Phelps; librarian, J. B. Samo; primary board, John Boardman, O. K. Parker, F. W. Abbott; censors, M. B. Folwell, John Cronyn, C. C. E. Gay, Augustus Jansen, George Abbott.

1872—F. E. L. Brecht, W. A. Wasson, Benjamin L. Lothrop, John S. Halbert and P. W. Van Peyma.

Officers for 1872—President, William Ring; vice-president, Jabez Allen; secretary, David A. Chace; treasurer, William C. Phelps; librarian, James B. Samo; primary board, M. B. Folwell, H. R. Hopkins, M. Willoughby; censors, T. M. Johnson, C. C. F. Gay, E. R. Barnes and C. C. Wyckoff.

1873—U. C. Lynde, R. F. Hurdman, John Q. Harris, G. W. McPherson, F. A. Burghardt, G. H. Bailey, John Dambach, Joseph Fowler, Alfred T. Livingston, ——[1] Brooks.

George W. McPherson, of Lancaster, was elected vice-president in 1889 and president in 1890 and is a prominent physician in that village.

Officers for 1873—President, Jabez Allen; vice-president, Thomas Lothrop; secretary, David Chace; treasurer, William C. Phelps; librarian, James B. Samo; primary board, H. R. Hopkins, M. B. Folwell, M. Willoughby; censors, E. R. Barnes, Edward Storck, A. H. Briggs, C. C. Wyckoff and James Sloan; delegate to state medical society, William Gould.

1874—William H. Slacer, John C. Bump, L. A. Long, Edward N. Brush, W. W. Miner, Otto Thoma, Bernard Bartow, John D. Mathews, H. L. Atwood.

Edward N. Brush was for several years associate editor of the BUFFALO MEDICAL JOURNAL and is at present superintendent of the Sheppard Asylum, a hospital for the insane at Towson, Md.

1. Christian name does not appear on the record.

Officers for 1874—President, Thomas Lothrop; vice-president, John Cronyn; secretary, David A. Chace; treasurer, William C. Phelps; librarian, James B.

ALPHONSE DAGENAIS, M. D.

Samo; primary board, H. R. Hopkins, M. B. Folwell, M. Willoughby; censors, E. R. Barnes, C. C. Wyckoff, Edward Storck, A. H. Briggs and James Sloan;

delegates to the state medical society, William Gould, John Cronyn, George H. Lapham, William Ring and Joseph C. Greene.

1875—J. B. Frink, O. C. Shaw, Lucien Howe, Philip Sonneck, P. P. Bielby, John A. Pettit, C. R. Morrow, E. B. Potter, W. C. Earl, A. R. Southerland.

Officers for 1875—President, John Cronyn; vice-president, R. S. Myers; secretary, David E. Chace; treasurer, William C. Phelps; librarian, James B. Samo; primary board, H. R. Hopkins, M. B. Folwell, M. Willoughby; censors, Edward Storck, C. C. Wyckoff, A. H. Briggs, E. R. Barnes, David E. Chace.

1876—Herman Mynter, Samuel G. Dorr, S. S. Greene, J. I. Marcley, George L. Taylor, F. A. Baker.

At the annual meeting, held January 11, 1876, an exhaustive report was presented by the primary board in regard to the admission of students to the study of medicine. This report took high ground in reference to advanced medical education and attracted much attention. It was discussed by some of the most prominent members, including Drs. White, Miner and Strong. Dr. White commended it in the strongest terms.

Officers for 1876—President, John Cronyn; vice-president, Edward Storck; secretary, D. W. Harrington; treasurer, W. C. Phelps; librarian, James B. Samo; primary board, M. B. Folwell, H. R. Hopkins, P. P. Bielby.

1877—John R. McArtey, J. C. Wetzel, W. J. Packwood, W. V. Miller, H. M. Wernecke, C. O. Chester, Mary J. Moody, J. L. C. Cronyn, Louis Schade.

Mary J. Moody was the first woman admitted to membership in the society. She was also the first woman to receive the doctorate degree from Buffalo University Medical College.

Officers for 1877—President, Henry Lapp; vice-president, Edward Storck; secretary, D. W. Harrington; treasurer, J. B. Samo; primary board, M. B. Folwell, H. R. Hopkins, Thomas Lothrop and C. C. Wyckoff; censors, F. F. Hoyer, J. C. Greene, William Gould and John Cronyn.

1878—John G. Lanigan, Charles Cary, Arthur M. Barker, Francis W. Gallagher, Justin G. Thompson.

Arthur M. Barker was one of the younger physicians just rising into prominence when he died, December 6, 1887.

Officers for 1878—President, Edward Storck; vice-president, Sylvester F. Mixer; secretary, D. W. Harrington; treasurer, W. C. Phelps; librarian, J. B. Samo; censors, Henry Nichell, F. F. Hoyer, J. C. Greene; James Sloan, A. H. Briggs; delegates to the state society, Henry Lapp, H. R. Hopkins, E. N. Brush, T. M. Johnson and E. T. Dorland.

In June, 1878, the American Medical Association met in Buffalo and Dr. Thomas F. Rochester was chairman of the committee of

arrangements, having been appointed to that office at the annual meeting in January. He made a report at the semi-annual meeting June 11, 1878, of the duties performed, after which the society tendered him a vote of thanks.

1879—Joseph Haberstro, J. G. Miller, C. A. Ring, C. D. Eisbein, A. R. Davidson, Phoebe Willett, H. P. Trull, E. E. Storck.

A. R. Davidson, a native of Canada, graduated in medicine at the Buffalo University Medical College, February, 1878. He gave a course of lectures at the college on materia medica in 1882. When the Niagara University Medical College was founded he was appointed professor of chemistry, toxicology and dermatology in that institution. He was managing editor of the BUFFALO MEDICAL JOURNAL from 1879 to his death, which occurred May 25, 1888, when he was 43 years of age.

Officers for 1879—President, Sylvester F. Mixer; vice-president, F. F. Hoyer; secretary, D. W. Harrington; treasurer, William C. Phelps; librarian, J. B. Samo; censors, Henry Nichell, F. F. Hoyer, J. C. Greene, James Sloan and A. H. Briggs.

1880—C. A. Wall, J. W. Keene, M. Hartwig, R. L. Banta, W. D. Bidaman, Julius F. Krug, Charles G. Stockton.

The society at its annual meeting, June 13, 1880, memorialised the legislature against restricting vaccinations, and also by a set of carefully prepared resolutions endorsed Dr. J. F. Miner for health officer of the port of New York.

Officers for 1880—President, F. F. Hoyer; vice-president, John Hauenstein; secretary, D. W. Harrington; treasurer, W. C. Phelps; librarian, J. B. Samo; censors, Henry Nichell, F. F. Hoyer, J. C. Greene, James Sloan and A. H. Briggs.

1881—W. C. Barrett, F. O. Vaughn, Carl H. Guess, Louis C. Volker, J. B. Coakley, J. Stone Armstrong, W. D. Granger, Judson B. Andrews, Benjamin H. Grove, Frederick Peterson, Franklin Burt, W. H. Jackson, A. S. Hancock, S. L. Atwater, S. H. Warren.

Judson B. Andrews, a native of New England, was born in 1834, graduated at Yale College in 1855, after which he studied medicine. Before taking his medical degree the civil war began and he joined the army, serving first as captain in the 77th Regiment, N. Y. Volunteers, and afterward as assistant surgeon of the 2d Connecticut Heavy Artillery. In 1867 he was appointed third assistant physician at the Utica State Hospital; later he became first assistant, serving in that capacity until the Buffalo State Hospital was established. He came to Buffalo in 1880, assumed the superintendency of the later institution, serving in that capacity until his death. He joined the society

FIRST STATE MEDICAL EXAMINING BOARD.

in 1881 and served as president in 1886. He was one of the most distinguished alienists of his time and inaugurated many methods that resulted in great benefit to the insane. He died at his hospital August 3, 1894, aged 60 years.

Officers for 1881—President, John Hauenstein; vice-president, T. M. Johnson; secretary, A. M. Barker; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, H. R. Hopkins, W. C. Phelps, A. H. Briggs, P. W. Van Peyma.

1882.—Clayton M. Daniels, Mary E. Runner, Edward Clark, E. H. Ballou, J. A. Hoffmeyer, Irving M. Snow, M. T. Kiefer, C. G. Champlain, Henry D. Ingraham, Carlton C. Frederick, Matthew D. Mann, William Warren Potter, George L. Brown, George W. York, C. A. McBeth, Walter D. Greene, Floyd S. Crego.

Officers for 1882—President, T. M. Johnson; vice-president, S. E. S. H. Nott; secretary, A. M. Barker; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, H. R. Hopkins, A. H. Briggs, P. W. Van Peyma and F. F. Hoyer; delegates to state society, F. F. Hoyer, S. E. S. H. Nott, A. M. Barker, H. R. Hopkins.

1883—Alvin A. Hubbell, Charles Weil, Jacob Frank, George E. Fell, Frank Hamilton Potter, Herman E. Hayd, James Wright Putnam, Willis G. Gregory, Eli H. Long, J. W. S. Hunter, John H. Pryor.

A special meeting was held April 11, 1883, to consider action on a bill to be introduced into the legislature regulating the practice of medicine. Dr. H. R. Hopkins, chairman of a special committee to consider the subject, reported at the semi-annual meeting, June 12, 1883, to recommend the passage of a bill creating a separate state board of medical examiners that should represent the several so-called systems of medical practice. The report of the committee closed with the recommendation that seven members be appointed as a committee of legislation to have full charge of this subject and to report action from time to time. The committee was composed as follows: John Hauenstein, M. D. Mann, F. S. Crego, Edward Storck, A. R. Davidson, H. R. Hopkins and A. H. Briggs.

At a special meeting held September 8, 1883, Dr. Hopkins's committee reported a bill, consisting of fifteen sections, that was acted upon seriatim, amended in important particulars and after debate was unanimously approved. This bill was subsequently introduced into the legislature through the Medical Society of the State of New York and after delays and amendments it finally became a law June 5, 1890. By this act the control of the practice of medicine, which

had lapsed from the state many years before was now reclaimed, and under it no person is permitted to practise medicine in the state of New York without submitting, after graduation in a legalised medical college, to an examination by the state board of medical examiners. The authority to appoint this board was placed in the hands of the Regents of the university, and they under the nomination of the Medical Society of the State of New York appointed the following-named examiners: William Warren Potter, Buffalo; William S. Ely, Rochester; M. J. Lewi, New York; William C. Wey, Elmira; George Ryerson Fowler, Brooklyn; J. C. Creveling, Auburn; Eugene Beach, Gloversville. These names are given in the order in which they were officially announced from the Regents' office. Dr. Wey died June 30, 1897, and Dr. A. Walter Suiter, of Herkimer, was appointed to the vacancy thus created.

Frank Hamilton Potter, who became a member in 1883, was soon afterward appointed clinical assistant in surgery at the Niagara University Medical College. He went abroad for study in 1885 and afterward devoted himself to the practice of laryngology. In 1891, he was appointed clinical professor of laryngology at Buffalo University Medical College. He was a young man of promise and commanded the respect of his colleagues, companions and seniors in and out of the profession. He died July 16, 1891, aged 31 years.

Officers for 1883—President, S. E. S. H. Nott; vice-president, Henry R. Hopkins; secretary, A. M. Barker; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, M. D. Mann, A. H. Briggs, P. W. Van Peyma, F. F. Hoyer.

1884—R. A. Witthaus, William Meisberger, W. A. D. Montgomery, B. G. Long, Carlton R. Jewett, C. Niemand, F. W. Sweetland, William H. Thornton, A. G. Gumaer, Mary Berkes, Herman Bauer, Roswell Park, R. M. Root, F. R. Campbell, Julius H. Potter, A. F. Helwig, W. B. Hawkins, Alpheus Prince, Herbert Mickel, Stephen Y. Howell, Louis Carmer, A. E. Persons.

Frederick R. Campbell, a native of Niagara county, took his baccalaureate degree at the University of Rochester and his doctorate degree at the University of Buffalo. He was appointed lecturer on hygiene at Niagara University Medical College in 1883 and afterward professor of materia medica and therapeutics. He was sanitary inspector for the board of health and acquired an extensive practice. He was the author of Language of Medicine, in which he displayed great erudition. He died September 14, 1888, aged 28 years.

Officers for 1884—President, J. C. Greene; vice-president, Judson B. Andrews; secretary, Edward Clark; treasurer, F. W. Abbott; librarian, J. B.

Samo; censors, Edward Storck, H. R. Hopkins, A. H. Briggs, P. W. Van Peyma, F. F. Hoyer.

1885—William Pask, James S. Porter, John Parmenter, A. B. Wilson, William G. Ring, F. P. Vandenburgh, F. W. Hinkel, C. F. Howard, Thomas G. Sheehan.

Officers for 1885—President, Judson B. Andrews; vice-president, E. T. Dorland; secretary, Edward Clark; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, H. R. Hopkins, A. H. Briggs, P. W. Van Peyma, F. F. Hoyer.

(*Continued next month.*)

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.

REPORTED BY THOMAS F. DWYER, M. D., Secretary.

Annual meeting held at the Academy Parlors, Palace Arcade, Tuesday evening, June 14, 1898.

THE president, Dr. LUCIEN HOWE, called the meeting to order at 9 p. m. The minutes of the last annual meeting were read and approved. The secretary of the academy and council then presented the following report which, on motion of Dr. W. C. KRAUSS was received and ordered spread on the minutes.

ANNUAL REPORT OF THE SECRETARY.

Gentlemen—Twenty-nine applications for membership have been received and elected members during the last fiscal year, of which twenty-two were resident fellows and seven non-resident fellows. This is the largest increase in membership in any one year since the organisation of the academy. One resident fellow has been transferred to nonresident fellowship and one nonresident has been returned to resident fellowship. One resignation has been received and accepted during the year. The academy has lost by death two honored members, Dr. William S. Tremaine and Dr. John Cronyn. An amendment to Article III. of the by-laws was offered and favorably acted upon, changing the time of election between the hours 4 and 6 p. m. to 8 and 9 p. m. on the day of the annual meeting in June. During the summer a program for the session of 1897-98 was arranged by the council and a copy was sent to the members of the academy and to the profession of Buffalo. This plan having been so successful, the council recommends to the academy the advisability of continuing the formation and issuing of programs for the entire session.

One special meeting was called on March 12, 1898, to determine what action, if any, shall be taken concerning, first, proposed legislation in regard to Hamburg canal; second, the Brush-Davis telephone bill. On the former a committee of three was appointed and reported lengthy resolutions favoring the abatement of this menace to public health, which were unanimously adopted and copies sent to the members of the legislature from Erie county. The Brush-Davis telephone bill was decided to be foreign to the purposes of the society and the proposition to consider was laid on the table. Four regular meetings were held and entertained in turn by the sections of the academy:

Section on obstetrics, June 22, 1897, Dysmenorrhea, Dr. M. D. Mann; section on medicine, September 13, 1897, Medico-legal aspects of cases of poisoning, with especial reference to restriction of sale of poisons, Dr. A. L. Benedict, Hon. Arthur W. Hickman; section on surgery, January 11, 1898, The parasitic origin of cancer, with demonstrations of the organism and microscopical specimens, Dr. Roswell Park; section on pathology, March 15, 1898, The anatomy and mechanism of the foot considered with reference to certain abnormal conditions, illustrated by stereopticon, Dr. L. A. Weigel, Rochester, N. Y.

The meetings of the academy have been very well attended during the past year. At the June meeting 23 were present, September meeting 52, January meeting 96, and the March meeting 31, an average attendance of 50½. The average time occupied by each meeting was 1 hour and 53 minutes. The council of the academy held seven meetings during the year, with an average attendance of 9 members.

THOMAS F. DWYER, *Secretary.*

The treasurer's annual report was read by the acting treasurer, Dr. Charles S. Jewett. Dr. WM. G. RING moved that the report be received and referred to an auditing committee. The secretary moved, as an amendment, that the auditing committee be also instructed to audit the accounts for the previous year as no report had been presented by the treasurer at the last annual meeting. The motion as amended was carried.

The president appointed Drs. F. E. L. Brecht and A. L. Benedict as the auditing committee.

Reports were received from the secretaries of the sections on medicine, surgery, obstetrics and pathology, and on motion were received and ordered placed on file.

Dr. A. G. BENNETT, on behalf of the tellers, reported the result of the election as follows: President, Dr. Roswell Park; treasurer, Dr. Eugene A. Smith; trustee, Dr. B. G. Long.

The auditing committee reported having compared the report of the treasurer with the books and vouchers for the past two years and found them correct. Dr. DE LANCEY ROCHESTER moved that the report be received and placed on file. Carried.

The retiring president, Dr. LUCIEN HOWE, then read his annual address and in closing thanked the officers of the academy and its sections for their coöperation during the very successful year just past.

Dr. P. W. VAN PEYMA moved that the thanks of the academy be extended to the officers for their work of the past year. Carried.

The installation of officers being in order Dr. Roswell Park, the newly elected president, was escorted to the chair and introduced by the retiring president, Dr. Lucien Howe. Dr. Park said that he appreciated very deeply the compliments of this election and thanked the academy for the very great honor. In closing his remarks Dr. Park said that he thought some recognition of the academy proceedings should be taken by the local medical journal and hoped that some arrangements could be made to that end during the coming year.

Dr. W. C. KRAUSS moved that the president appoint a committee to take into consideration the publication of our transactions in the BUFFALO MEDICAL JOURNAL and to report at the quarterly meeting, June 28, 1898. Carried.

Drs. W. C. Krauss and Lucien Howe were appointed as such committee.

Adjourned at 10.20 p. m.

QUARTERLY MEETING.

The quarterly meeting was held at the academy parlors, Palace Arcade, Tuesday, June 28, 1898. Meeting called to order at 8.45 p. m. by the president, Dr. ROSWELL PARK. The minutes of the last quarterly meeting were read and approved. The council recommended the election of the following applicants: Drs. Marshal Clinton, H. R. Gaylord and William C. Barrett for resident membership and Dr. Charles A. Ellis, Sherman, N. Y., for non-resident membership. They were separately ballotted for and elected fellows of the academy. The resignation of the treasurer, Dr. Eugene A. Smith, who is at Camp Alger with the 65th Regiment, N. Y. Volunteers, was read and accepted. A motion that the thanks of the academy be tendered to Dr. Smith who had faithfully performed the duties of treasurer since the organisation was unanimously carried. Dr.

Charles S. Jewett was nominated and elected treasurer for the unexpired term.

Dr. W. C. KRAUSS reported that the committee on publishing proceedings of the Academy in the BUFFALO MEDICAL JOURNAL could not make a report, as the editor was out of town, and asked for further time. On motion the committee was given until the next quarterly meeting (September) to report.

A letter was read from Dr. Charles R. Dickson, president of the American Electro-therapeutic Association, extending a cordial invitation to the members to attend the eighth annual meeting of the association, which will be held in Buffalo, September 13-15, 1898, also asking that a delegate be sent from the academy. Dr. M. D. Mann moved that the invitation be accepted and the chair appoint a delegate. Carried.

Dr. Floyd S. Crego was appointed as such delegate.

Notice of the following proposed amendments to the by- laws, recommended by the council, was read by the secretary:

"That names of members who are six months or more in arrears for dues and the amounts due be posted in a conspicuous place in the academy rooms until same are paid."

"That Article XIII., section 3, of the by-laws be amended to read, any fellow failing to pay his dues for two years shall forfeit his fellowship."

The section on obstetrics provided the following program: Discussion and diagnosis of suppurative forms of intrapelvic disease and surgical management, by Dr. Joseph Price, Philadelphia, Pa. Discussion followed in which Drs. Mann, Hayd, Crockett and Benedict participated. The attendance at the meeting was fifty-six.

Adjourned at 10 p. m.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

Reported by F. C. GRAM, M. D., Secretary.

Special Meeting, held June 23, 1898.

A SPECIAL meeting of the Medical Society of the County of Erie was called by the officers to consider the existing municipal ordinance relating to infant feeding bottles. The Vice-president Dr. J. B. COAKLEY called the meeting to order at 8.45 p. m., Thursday, June 23, 1898, and the secretary read the call for the meeting.

The chairman asked the further pleasure of the meeting, whereupon the following resolutions were offered by Dr. R. H. Hopkins, seconded by Dr. Snow:

WHEREAS, The Medical Society of the County of Erie in common with the profession of medicine and other well-informed and right-minded persons maintain the following principles; to-wit:

That the preservation of the public health is the first duty of the state.

That the prevention of the communicable diseases is the plain and imperative duty of the sanitarian.

That the responsibility of the state to afford protection to its citizens increases with the ignorance, carelessness and helplessness of such citizens.

That of all our objects of protection, none are more helpless, or in more constant need of wise and discriminating care than the newly born who must be reared by artificial feeding.

That the death-rate among the artificially fed newly born marks the level of the sanatory enlightenment of the community and

WHEREAS, Competent medical opinion has, and does, unhesitatingly and unanimously condemn a certain type of feeding bottles, in frequent use, and

WHEREAS, Inspired by such well-founded conviction, ordinances forbidding the sale of this apparatus were recently enacted by the proper authorities of this city; and

WHEREAS, The relations between the professions of medicine and pharmacy are, and should be most reciprocal and harmonious, the pharmacist being a conspicuous citizen, learned in medicine, with singular opportunities to form and develop a right public opinion, therefore, be it

Resolved, That we commend to the druggists and pharmacists of our city our health ordinances in general, and with greater particularity the ordinance forbidding the sale of a certain class of feeding bottles as timely, wise, and in the best interests of the public health, and that we invite them to join us in supporting these ordinances with their earnest and constant efforts.

Resolved, That we commend to all those in authority the subject of the preservation of the lives of the newly born, and those of tender years as of the highest practical importance, as deserving this incessant and sleepless vigilance.

Resolved, That we approve in the most hearty and unqualified terms of the ordinance prohibiting the sale of any nursing bottle that has connected therewith a rubber tube, hose, or similar contrivance.

Dr. H. R. HOPKINS, in support of the resolutions, said that the interest of this society in sanitary measures had long been well established. Our knowledge of sanitary matters is greater than that of a majority of our inhabitants, and as our knowledge is greater so our responsibility increases. He called attention to the great infant mortality and held that this society should do all within its power to uphold the hands of the health authorities in enacting and enforcing ordinances beneficial to health.

Dr. IRVING SNOW said that the long-tubed nursing bottle had killed more than the modern rifles. When a child must be fed artificially

it becomes necessary to exercise the greatest care. The long-tubed bottles are preferred by mothers because they are the most convenient. He objected to their use, first, because of the tendency to overfeed, which is not the case where the nipple only is used; secondly, because it continually poisons the milk, and thirdly, because it is impossible to keep the tubes clean. They are condemned by every author on sanitary measures for the same reasons.

Dr. W.W. POTTER thought the resolutions were very considerately phrased. He believed the opposition of the dealers to the health ordinance was due to a misunderstanding. The pharmacists ought to be our coadjutors on so vital a question.

Dr. LUCIEN HOWE requested the secretary to read the ordinance in question, being part of Section 81, Chapter XXV., as follows: "It shall be unlawful for any person or persons to use or to engage in the sale of any bottle, mechanism or other device for the artificial feeding or nursing of infants or children under three years of age, that has connected therewith a rubber tube, hose or similar contrivance."

President HOWE then stated that owing to the recent discovery by the health authorities that long-tubed nursing bottles could still be purchased in many places, in violation of the ordinance, he had deemed it his duty to call a special meeting of this society, which had always been recognised as a guardian of public health, and here is something which is acknowledged by all authorities as detrimental to health and life.

Remarks in further support of the resolutions were made by Drs. Benedict, W. D. Green, Bayliss, Ring, Pohl and Heath, after which the preamble and resolutions were unanimously adopted.

The meeting then adjourned.

Special Meeting, held July 11, 1898.

IN MEMORY OF DR. JOHN BOARDMAN.

After the adjournment of the Academy of Medicine at 10 p. m., July 11, 1898, the members of the Medical Society of the County of Erie convened for a memorial meeting on the death of Dr. John Boardman, an ex-president of this society, who died July 9, 1898, aged 70 years.

President HOWE paid a high tribute to the character of the deceased and stated that the meeting had been called to take appropriate action upon the death of one of our most distinguished members.

On motion the chair appointed a committee, consisting of Drs. Wyckoff, Thos. Lothrop, Putnam, Phelps and Dowd, to submit a memorial.

The committee reported the following:

WHEREAS: It has pleased Almighty God to terminate the suffering of our beloved colleague and friend, Dr. John Boardman, and

WHEREAS: By his christian fortitude and upright life, by his professional attainments, by his life-long unselfishness and his uniform courtesy to all with whom he came in contact, and by his devotion to duty he has left us an enduring example of what the physician should be; and

WHEREAS; His long years of patient suffering have won for him the sympathy and admiration of us all, therefore be it

Resolved, That the Medical Society of the County of Erie desires to place on record this testimonial of his worth as a man, a citizen and a physician.

Resolved, That we attend his funeral in a body.

C. C. WYCKOFF,
THOMAS LOTHROP,
W. C. PHELPS,
J. HENRY DOWD,
JAMES W. PUTNAM.

In speaking on the adoption of the memorial Dr. T. M. JOHNSON said that he had known Dr. Boardman since 1863, as an excellent student, a painstaking and hard-working practitioner and a model man.

Dr. F. W. ABBOTT had the privilege of becoming acquainted with the deceased while a student attending clinics at the Sisters' Hospital, where Dr. Boardman was then an attending physician. He knew him as a retiring, modest and self-depreciating practitioner, who always exercised the greatest care in his work.

Dr. SHERMAN said that the sentiments contained in the memorial were really mild expressions of the great fortitude of the deceased, and he briefly gave some incidents connected with his last illness.

Dr. GEO. W. YORK had the privilege of rendering alleviation to the suffering of the deceased during his illness. Although suffering intensely he rarely gave any indication of the fact or asked for any relief, bearing all with a determination that was remarkable. He spoke at length on the subject.

Dr. WYCKOFF knew Dr. Boardman since the latter was a student. He was by nature, instinct and practice, a thorough gentleman, a good diagnostician and a successful practitioner. His character would bear the closest scrutiny.

Dr. PUTNAM remembered Dr. Boardman for the kindly counsel and encouragement which he always gave to students and young practitioners. He also spoke of his christian character.

Dr. PHELPS said little could be added to the kind and loving tributes just paid to the deceased colleague's memory, whom he had known for upwards of thirty years, but nothing in the line of praise could even do him justice.

The memorial was adopted and adjournment followed.

MEDICAL SOCIETY OF THE COUNTY OF CHAUTAUQUA.

REPORTED BY C. A. ELLIS, M. D., Secretary.

THE annual meeting of the Medical Society of the County of Chautauqua was held at Chautauqua, N. Y., July 12, 1898, Dr. MORRIS N. BEMUS, of Jamestown, presiding.

The business session was held at 11.30 a. m. The election of officers resulted as follows: President, Dr. M. N. Bemus, of Jamestown; vice-president, Dr. V. M. Griswold, Fredonia; secretary and treasurer, Dr. C. A. Ellis, Sherman; censors, Drs. J. Murphy, T. D. Strong, Wm. M. Bemus.

Dr. WM. C. KRAUSS, president of the Central New York Medical Association, invited the society to become members of that association, which it accepted.

The society passed a resolution of sympathy for President Lewis Miller, of Chautauqua, whose son Theodore was killed at Santiago, the news having just been received.

The report of the board of censors showed that three persons who were practising illegally had been stopped by a notice from the chairman, Dr. Murphy, that he would prosecute them if they continued.

The report of the board of mid-wife examiners showed that the large majority applying for examination had been granted a certificate. It was also reported that this law had been a very profitable investment for the mid-wives, the certificate giving them a standing that resulted in a very large increase in the number of their cases.

The scientific session occupied the afternoon and evening and was well attended.

The subject of the president's annual address was A case of secondary hemorrhage caused by constipation. This paper was freely discussed and many valuable points were emphasised.

Dr. Wm. C. KRAUSS, of Buffalo, read a paper upon Hysteria and brain tumors. A discussion followed, during which a number of questions were propounded to Dr. Krauss.

A few cases were presented for diagnosis and treatment and a case of multiple fracture of jaw was shown with perfect results.

Dr. V. M. GRISWOLD, of Fredonia, gave a report of the recent small-pox out-break at that place and exhibited some photographs of the cases. There was no doubt as to the correctness of the diagnosis, it being a light form of small-pox.

In the absence of Dr. J. J. Mahoney the president called upon Dr. Thomas D. Strong, of Westfield, for some incidents he could recall of Admiral Dewey, the doctor at one time being his teacher. This was a happy surprise to most of the society. As usual the remarks of Dr. Strong were instructive and entertaining and he was heartily applauded.

The evening session opened at 8.00 p. m. Dr. C. C. Frederick, of Buffalo, read a paper upon The early diagnosis of malignancy in abdominal and pelvic disease. There is little doubt but that those who heard this paper will be still more careful in their future work, for the subject was very forcibly presented.

Dr. WM. SEAMAN BAINBRIDGE, of New York, read a paper upon Silver and silver salts in Surgery with special relation to wound treatment.

Dr. BAINBRIDGE has just returned from Europe and was the first American to enter and work with the German experimenters upon the subject which is promising so much in the antiseptic field.

The following were present: Dr. N. E. Beardsley, Dunkirk; Dr. M. N. Bemus, Jamestown; Dr. W. Seaman Bainbridge, of New York; Dr. J. J. Drake, Stockton: Dr. Wm. Casper Duke, Cassadaga; Dr. C. A. Ellis, Sherman; Dr. W. J. French, Hamlet; Dr. V. M. Griswold, Fredonia; Dr. J. J. Lenhart, Bemus Point; Dr. G. D. Marsh, Sherman; Dr. Macdonald Moore, Fredonia; Dr. J. W. Morris, Jamestown; Dr. Eliza M. Mosher, Ann Arbor, Michigan; Dr. James Murphy, Sherman; Dr. E. S. Rich, Kennedy; Dr. Nelson G. Richmond, Fredonia; Dr. E. A. Scofield, Bemus Point; Dr. O. C. Shaw, Kennedy; Dr. George F. Smith, Sinclairville; Dr. Thomas D. Strong, Westfield; Dr. B. S. Swetland, Brockton; Dr. W. D. Wellman, Jamestown; Dr. T. C. Wilson, Dewittville; Dr.

Wm. C. Krauss, Dr. C. C. Frederick, Buffalo; Dr. A. W. Dods, Fredonia; Dr. G. M. Lewis, Panama; Dr. J. R. Smith, Connewango Valley.

The meeting adjourned at 9.40 p. m., to meet at Fredonia, December 13, 1898.

Progress in Medical Science.

SURGERY.

CONDUCTED BY JOHN PARMENTER, M. D., Buffalo, N. Y.
Professor of anatomy and adjunct professor of clinical surgery, Buffalo University Medical College.

AND

NELSON W. WILSON, M. D., Buffalo, N. Y.

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DIGEST OF SURGICAL MATTERS DISCUSSED AT THE DENVER MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

SURGERY OF THE LUNG.

DR. JOHN B. MURPHY, of Chicago, delivered an address on The surgery of the lung. Dangers of pneumotomy are hemorrhage from chest openings; pneumothorax from bronchial openings; pleuritis of both sides; traumatic pneumonia and sepsis, dyspnea and shock. Pathological conditions requiring excision are hernia, infected injuries, abscesses, bronchiectasis, gangrene, tuberculous cavities, foreign bodies, hydatids and actinomycosis. In neoplasms of the chest wall involving the lungs excision is desirable. Lungs may be defunctionalised and quiescence maintained by pleural injections, rib resections and thoracotomy with separation of pleural adhesions.

Adhesions and consolidations are technical difficulties of intrapleural injection. The dangers are given as air embolism, subpleural emphysema, pulmonary emphysema, dyspnea and sepsis. Shock, hemorrhage, sepsis and pneumothorax are the dangers of operations on the chest wall.

The dyspnea of pneumothorax, Dr. Murphy holds, is caused by the vibration of the mediastinal septum nullifying the piston action of the diaphragm. Immobilisation of the septum lessens the danger. Pulmonary tuberculosis was cured by surrounding the focus of

infection by connective tissue; this tissue growth is favored by immobilisation.

For compressing the lung Dr. Murphy has injected nitrogen gas, which is least active and slowly absorbed. He injected 140 cubic inches in one case, with marked relief to the patient.

There is no danger of dyspnea so long as the chest is not opened and the vibration of the diaphragm is prevented. There is, however, possibility of air embolism by reason of injury to a vein by the trochar. This treatment is of benefit in early tuberculosis where there is a small superficial cavity in the apex.

INFLUENCE OF AGE, SEX AND RACE IN SURGICAL AFFECTIONS.

In his address on the Influence of age, sex and race in surgical affections, Dr. W. L. Rodman, of Louisville, presented some interesting facts. Malignant disease is increasing in the black in greater ratio than in the white race; the negro is more prone to sarcoma than to cancer; rectal cancer is relatively common. Local tuberculosis of joints, lymphatics and serous membranes, show marked increase in the negro race. Varicocele is uncommon in the negro, because the scrotum fits more closely and supports the veins better. In 600 Louisville cases one was a mulatto. Full-blooded negroes are not affected Enlarged prostate is rarely seen in the negro, but is common among whites. Gall-stones are more common in women, rare in negroes; rare after thirty years. Aneurism is over three times as frequent in negroes as in whites; three times more frequent in males. Tetanus is more common in hot climates among dark-skinned persons; highest death-rate between five and fifteen years; five times higher in boys. Tetanus increases in army life following defeats and variations of temperature. Ovarian tumors occurred at all ages and in every race; cystic and dermoid most common; less frequent in negresses. Malignant ovarian disease most frequent before the age of fifteen.

AN INCISION FOR BILE TRACT OPERATIONS.

Dr. A. D. Bevan, of Chicago, described an incision suitable for exploration or extensive operation on the bile tract. It consists of an outer part like an italic S through the outer border of the rectus, three or four inches long. To this is added extended portions, one to three inches in length. The extended portions should not, however, completely divide the entire thickness of the rectus. The advantages

claimed for this opening are that danger of hernia is lessened and a minimum amount of nerve supply is injured. The incision should not come within three-quarters of an inch of the costal arch.

Dr. John B. Hamilton, of Chicago, locates the gall-bladder by drawing a line from the ensiform cartilage to the superior spine of the ilium and another from the umbilicus to the tenth costal junction. The gall-bladder is found at a point one-half to three-quarters of an inch above the intersection of the lines.

INTESTINAL OBSTRUCTION FROM GALL-STONE.

Dr. J. P. LORD, of Omaha, read a paper on Intestinal obstruction from gall-stone, and reported the removal of a stone "large as a hen's egg" from the bowel of a woman 70 years old. Abdominal distension is most marked where the obstruction is in the rectum, sigmoid or some portion of the large intestine. Fifty to 80 per cent. should be saved by operation. Mortality is lowest in early operation. Lavage of the stomach should precede operation. This removes the danger of the patient being choked by vomited material.

REMOVAL OF THE STOMACH.

REMOVAL of the stomach occupied considerable attention. Dr. P. S. Connor reported removal of the stomach fifteen years ago. The patient died on the table, hence only a brief report was made of the case at the time. The operation is admissible only in case of carcinoma and when the walls of the organ were so infiltrated as to render the stomach functionally dead.

The question of injury to the pneumogastric nerve was raised. Dr. Harris, of Chicago, replied by reporting a case of entire removal of the stomach and stated that the right pneumogastric nerve passed high up and could be avoided provided one kept in the omentum near the stomach.

IN DIAGNOSIS and surgical treatment of malignant obstruction of the pylorus, Dr. W. J. Mayo, of Rochester, Minn., advocated early exploratory operation. Gastro-duodenostomy is preferable to gastro-jejunostomy. The Murphy button is much more successful than sutures. In operating, the stomach wall is cut to the mucous coat before the puckering string is put in, the bite of the suture should not be too deep. Fatal septic pneumonia from aspiration of vomited matter should be guarded against by the anesthetiser.

INTESTINAL ANASTOMOSIS.

Two NEW methods of intestinal anastomosis were reported by Dr. W. F. Metcalfe, of Detroit, and Dr. Ernest Laplace, of Philadelphia, at the American Medical Association meeting. Dr. Metcalfe used cylinders of hard sugar; really a modification of the old potato method. Dr. Laplace uses a new forceps, consisting of two rings, which serve as supports during the suturing. These rings are separable into halves, which are withdrawn before the last sutures are placed. This leaves no foreign substance in the intestine.

ANEURISM OF THE AORTIC ARCH.

Dr. B. MERRILL RICKETTS, of Cincinnati, reported "excellent results" in the treatment of aneurism of the aortic arch by ligation of the right carotid and subclavian arteries.

POPLITEAL ARTERY WOUNDS.

IN PENETRATING wounds of the popliteal artery, Dr. George W. Miel, of Denver, recommended double ligation and extirpation in all cases of incised wounds more than one-eighth of an inch long. Close the external wound loosely.

CLAMPING THE CAROTID.

Dr. GEORGE W. CRILE, of Cleveland, has demonstrated that the common carotid can be closed by clamp for from twelve to twenty-four hours without injurious results.

CARCINOMA OF THE AXILLA.

Dr. W. D. GRAHAM, of Chicago, concluded an interesting paper on primary carcinoma of the axilla by stating his belief that the origin is in the large tubular convoluted sweat glands; that many cases of fibro-adenoma originate in these glands.

THE SERUM TREATMENT OF SARCOMA.

Dr. WILLIAM B. COLEY, of New York, reported that the use of mixed toxins of erysipelas and bacillus prodigiosus is beneficial in inoperable sarcoma, in all cases save in the rapidly-growing round-cell sarcoma of bone. He reported many cases in which relief had been obtained.

Dr. McArthur, of Chicago, reported a successful treatment, as did Dr. Lewis, of Topeka.

THE CANCER OF THE RECTUM.

DR. W. W. KEEN, of Philadelphia, recommends a permanent artificial anus and total closure of the social end of the rectum in operations for cancer of the rectum. He resects the bowel and treats it as in a lateral anastomosis—invaginating and inserting a row of Lembert's sutures.

TREATMENT OF T-SHAPED FRACTURES.

Dr. CHARLES A. POWERS, of Denver, presented two cases of T-shaped fractures at the elbow joint. He objects to the dressing in extension. His treatment is as follows: Arm slightly abducted and in a position of semi-flexion—140 to 150 degrees—a plaster of Paris bandage is applied. In a week the arm should be flexed a little more and again put up in plaster; in another week the arm put up at right angles and left so for two or three weeks, when all bandages are to be removed.

SUTURING AND BRIDGING DIVIDED NERVES.

THE essentials for process in suturing divided nerves are, according to a paper read by Dr. A. H. Levings, of Milwaukee: Absolute asepsis; the nerve should not be separated from its connective tissue surroundings; the nerve should be approximated evenly and without tension; if an inch or more is lost, bridge the gap with material having longitudinal fibers; absolute rest of the limb is not a necessity; the nerve ends should be allowed to just touch each other. If the gap to be bridged is not over three inches long, six strands of silk make an excellent bridge between the ends; muscle is also good bridging material.

ETHER PNEUMONIA.

IN A PAPER on ether pneumonia, Dr. James M. Anders, of Philadelphia, mentions forty-six pneumonias in 57,842 cases reported. He believes the condition is much more frequent. It is not improbable that microörganisms in the upper air-passages are drawn into the lungs during etherisation. A latent or active tuberculous focus of the lungs might, therefore, cause serious trouble.

Prophylaxis consists of properly cleansing the upper air-passages and frequently turning the patient's head to one side. Avoid cooling the body surface and don't waste ether.

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D

All communications, whether of a literary or business nature, should be addressed to the managing editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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THE SICK AND WOUNDED AT SANTIAGO.

THE rapid development of war in eastern Cuba since our July edition went to press has tested the quality of both army and navy medical officers and the adequacy of their respective organisations to meet the requirements of actual battle.

From the sailing of General Shafter's fifth army corps, June 14th to the capitulation of Santiago, July 16, 1898—only a little more than a month—was a period full of momentous events. The landing of the army through the surf without adequate lighters, chiefly through the agency of small boats, with the loss of but two lives, was a remarkable achievement; but it presaged the victorious conquest that was soon to follow. From the preliminary skirmish of Wood and Roosevelt's rough riders at La Quasina, June 24th, to the sanguinary conflicts at San Juan and El Caney, July 1st and those of the still further contracted lines around the doomed city on the 2d, presents a picture of sturdy valor, and enduring courage that has arrested the attention of the civilised world.

The price of the victories on those fields, according to General Shafter's official statement in General Order No. 26, is a total of 1,598 officers and men distributed as follows: killed, 230; wounded, 1,284; missing, about 84. It has lately been learned that the Spanish loss was 400 killed and more than 2,000 wounded. While the conditions for the care of our wounded were not the most favorable, owing to the bad state of the roads and other circumstances incident to the rapidity of movement, yet it has been officially learned that the disabled soldiers were adequately treated within a reasonably short time and with little if any more confusion than usually results from great battles.

The character of the wounds, too, caused by the Mauser rifle was less severe than at first feared. The brass jackets of the missiles have in some instances caused considerable laceration, but there have been fewer amputations than usual in proportion to the total number wounded. Flesh wounds, as a rule, have healed promptly and many soldiers who received slight wounds are already on duty again in the ranks. In support of the general statements contained in the foregoing paragraphs we quote the remarks of Lieutenant-colonel Charles Smart, deputy surgeon-general United States Army, who, in reply to a question as to the nature of wounds made by the Mauser bullet, is reported to have replied substantially as follows :

After the fight at La Quasina and the battles of July 1st, 2d and 3d, a report became current that the Spaniards were firing explosive bullets, which spread in such a way as to cause great laceration. That was the first report and it has been repeated frequently ever since.

The fact is that the Mauser bullets used by the Spaniards in the battles we have had in Cuba make what surgeons call a "humane wound." They drop the man at the time he is struck and take him from the firing line, but if they do not kill him then and there he gets well.

Of all the men wounded in General Shafter's command I have heard of only one case of an amputation of a limb as the result of a bullet wound, where the bone has been shattered. The Mauser bullet does not leave a wound nearly so difficult to heal as do the bullets used in the Springfield rifle.

During the civil war, when a man was shot through the lungs by a bullet from a Springfield rifle he was almost sure to die in a few days, or in a few months from consumption or pneumonia or some other affection brought on by the wound. The Mauser bullet will pass through the lungs and the patient will recover. It does not crush bones so that amputations are necessary. A wound made by such a bullet, if it does not affect a vital part, heals as readily as would a slight cut.

When the medical history of this war is written it will show the most remarkable results ever achieved in antiseptic treatment of wounds. Every regiment except one under General Shafter, was provided with a small package marked "First aid to the wounded." This package was carried in the hip pocket by all the men.

This was extremely fortunate, because after the transports discharged their passengers they sailed away somewhere with the medicine chests on them. When a soldier was wounded the doctor reached for the "first aid" package, carried by the soldier himself, and, applying it to the wound, completed the bandaging then and there. This antiseptic treatment caused the wound to heal without the formation of pus and has shown wonderful results.

The sick and wounded of the navy, recently brought north by the Solace, the wounded being from the conflict with Admiral Cervera's squadron off Santiago, July 3d, twenty-two in number, are reported by Surgeon-general Van Reypen, who recently inspected the Solace,

to be in excellent condition. These were chiefly shell wounds and those produced by splinters.

While it is true that yellow fever has appeared, it is yet equally true that it is mild in form and not at present epidemic in character. A few deaths have occurred, but most of those seized with the disease are recovering. Camps have been changed to healthful locations whenever practicable and the malady appears to be well in hand.

There is no good reason why this infection should not be controlled as well as other forms that have fallen under the bans of science. Spain has been *particips criminis* to its propagation for centuries, but, happily, her rule is at an end, or nearly so, in this hemisphere. If there were no other good to grow out of the war this one would adequately justify it.

The latest accounts encourage the belief that the timely action of the surgeon-generals of the army and navy, taken at the outset for the control of yellow fever, are yielding results that are most gratifying and that not long hence the disease will be stamped out.

The situation at Santiago, therefore, from a medical and surgical viewpoint, is such as to bring credit to the medical service of both army and navy.

"MEDICAL JOURNALISM."

UNDER the above title the *Boston Medical and Surgical Journal* prints in its editorial columns, July 22, 1898, an article that we need make no apology for reproducing in full. It contains much of interest to every medical editor and publisher, and every contributor to the medical press ought to read it carefully and ponder well its dignified sentiments and adopt its high moral tone.

Within the past few years the increase in number of medical weekly and monthly publications has been so enormous that all contributors, however unworthy, are easily accommodated, if not in one direction then in another. Everybody who styles himself "M. D." now finds abundant opportunity to air his views or solicit advice in a perplexing case and the result is a species of medical journalism as variegated and heterogeneous as the "Purple Cow" or "Lavender Pig" exemplars of general literature (?) that are constantly appearing upon the news-stands.

A critical examination of the contents of certain specimens of the class of medical journals to which we refer reveals on the part of their

contributors an ignorance of the most commonplace facts of medical science that is simply deplorable and a sublime disregard for rules of syntax that is none the less deplorable, although infinitely more amusing. The conclusion to which the examiner inevitably comes is that the medical press of this country is in sad need of a censorship.

Dialect stories cannot compare, for bizarre spelling and phraseology, with the communications of certain medical gentlemen in distress over patients with "a touch of the consumption" or a complex of symptoms designated (shades of Charcot!) "a spell of the hysterics." From the intricacies of construction which characterise these writings, the Queen's English undergoes every variety of contortion until, finally, the very acme of elegant simplicity of diction is encountered in journals of the "correspondence" type. In these we find "Doc" So-and-so communicating his perplexities to 'Doc" Somebody-Else or bestowing upon him an infallible remedy for piles in exchange for a prompt and safe emmenagogue. All these little amenities are characterised by a style of diction that rivals the masterpieces of the "Ready Letter-writer" and demonstrate, if they do no more, that the lacteals of human kindness are never withered in the medical breast.

This is the class of writers about whom Dr. Holmes[1] says: "They go for weakness whenever they see it with stimulants and strengtheners, and they go for overaction, heat and high pulse and the rest, with cooling and reducing remedies." But their contributions can be of no positive value to scientific medical literature for the reason that they aid in no way toward a better understanding of disease processes. The movement which has set such a class of writings on foot is retrograde in that it tends to foster empirical methods of prosecuting a calling which now, more than at any other period of its existence, demands that its true representatives shall be scientists in the fullest sense of the word and not mere dispensers of powder and pellet.

The dignified attitude which medicine is beginning to assume among the sciences can never be maintained unless the writings which record its progress are of a quality to compare with those which mark the advances in the sister sciences.

We have gained so much of exact knowledge through pathological and experimental research that future contributions to current medical literature should be stripped almost entirely naked of theory and speculation, those barriers to scientific progress. To achieve this the medical writer must needs be an investigator, at least to the extent of finding out how far such views as he is about to put forth are substantiated by the facts of pathology. The neglect of such a preliminary step is today a tacit avowal of both laziness and ignorance, since our library facilities for such work are abundantly adequate. When the writer has before him all necessary material, he should aim, above all, at clearness and accuracy. His English should be terse, not oratorical and certainly not colloquial; it should be

1. The Poet at the Breakfast-table, Riverside Press edition, p. 121.

free from hybrid technical terms, especially those with Greek roots and Latin endings. Finally, his bibliography should be such as will bear verification, for there is nothing more maddening to the man who is searching the literature than to find reference after reference which resist all attempts at identification. The only accurate way to refer is to refer in full, even to the page number of every quotation.

In conclusion, we wish to allude to two faults which are rife enough among contributors to medical journals to be considered annoying, to say the least. The first is the eternal dragging in of the *ego:* and the second, an inordinate fondness for the sensational. With respect to the first, we can only say that in our opinion no man's writings will ever lose anything of dignity or worth by being, as far as possible, impersonal. As a sample of the second fault we need only call the reader's attention to the earlier literature of the *x*-ray. If he will but compare that with what represents the thoughts of men who have probed its usefulness to the bottom, the moral lesson will be obvious.

THE *Homeopathic Recorder*, for June, published by a drug firm, contains an article denunciatory of vaccination, entitled Vaccination, a fallacy—its compulsion, a crime! In the same issue the publishers print this card: "Vaccine points, always fresh at —— ——." Truly, belief and business do not run on the same narrow gauge track in homeopathy!

ARMY AND NAVY NOTES.

SURGEON-GENERAL STERNBERG has requested through the adjutant-general's office that an investigation be made of the charges that the transport Seneca, which brought sick and wounded from General Shafter's army at Santiago to New York, left the former place with an inadequacy of medical supplies and was otherwise unfit for the work assigned to her. From letters which have been received by General Sternberg it appears that specially unfavorable weather conditions prevailed and the surf was running high when the ship was being loaded with her human freight, though why a sufficient quantity of medical supplies was not put on board the vessel is not explained. There was plenty of quinine and also plenty of morphine available with the medical corps, but it appears that not enough of the latter drug was sent aboard the vessel for all purposes necessary and on this account some of the complaints have arisen. The Seneca was not designed for a hospital ship and consequently there may have

been some lack of neeessary facilities for caring for the sick and wounded.

It is probable that much complaint originated from the fact that civilians and foreign military attachés were given passage on the Seneca. Miss Jeanette Jennings, the Red Cross nurse, appears to have rendered excellent service and to have kept her head level; so, too, did Captain Dowdy, commandant of the ship. The praises of both were sounded by the sick and wounded that the ship brought safely into port.

BRIGADIER-GENERAL LEONARD WOOD, United States Volunteers, was until recently in command of the first Volunteer Cavalry, known as "Roosevelt's Rough Riders." He is an intimate friend of Colonel Roosevelt and it was the latter who urged his appointment to the command.

He is the only officer of the medical staff thus far during the present war who has risen to the rank of brigadier-general; hence a sketch of his life may prove of interest.

General Wood was born in New Hampshire and was appointed to the army from Massachusetts. In 1886 he became past assistant surgeon, with the rank of captain, and was assigned to duty with the 8th Infantry, then stationed in the Southwest. When Geronimo's raid began Captain Wood took command of a detachment of the regiment and pursued the Indian band, finally capturing the leader and his followers and taking them into Texas. For his services in this campaign and in that of 1888 he received an honor medal. Duty in California and in Georgia followed. He was then stationed in Washington and on the death of Dr. Newton L. Bates, surgeon-general of the navy, who was serving as the president's physician, Dr. Wood became his successor as physician at the White House.

The plan of organising a regiment of plainsmen was Captain Wood's. He saw the advantages which men trained to outdoor life and hardships would have over other recruits. The idea met with the approval of Secretary Alger and of Mr. Roosevelt, at that time assistant secretary of the navy. How well Colonel Wood's views were borne out by the heroic fight of the Rough Riders at La Quasina is a matter of too recent history to need more than a passing mention. On July 8th President McKinley sent Colonel Wood's name to the Senate to be a brigadier-general, and the Senate promptly ratified

the appointment. General Wheeler also recommended him for galantry in action.

General Wood has succeeded General McKibben as military commandant at Santiago, the latter having become disqualified by ill-health. General Wood's appointment is most opportune, his knowledge of sanitary science coming into special play at this time. He has thoroughly policed the city, buried the dead animals that were everywhere giving forth noisome stenches and is otherwise putting it into cleanly condition.

THAT the Red Cross has received official recognition by the government is indicated by the following letter:

WAR DEPARTMENT,
WASHINGTON, June 6, 1898.

MISS CLARA BARTON, *President American National Red Cross, Washington, D. C.:*

DEAR MADAM—The tender of the services of the American National Red Cross, made to this department through the department of state, under date of May 25, 1898, for medical and hospital work—as auxiliary to the hospital service of the army of the United States—is accepted, all representatives and employes of said organisation to be subject to orders according to the rules and discipline of war, as provided by the Sixty-third Article of war.

Very truly yours,
R. A. ALGER,
Secretary of War.

(From THE LITERARY DIGEST, New York.)
CLARA BARTON.

This settled a moot question that threatened some bitterness and gives the Red Cross official standing. Miss Barton has been doing good service in the Santiago campaign. Her ship, the State of Texas, was loaded with supplies in advance and sailed with General Shafter's fleet. Red Cross nurses and supplies were opportune as soon as the fighting commenced and became a material support to the medical department. The Texas was the first ship to enter Santiago harbor

after the surrender and the distribution of its supplies ameliorated hunger and distress incident to the siege.

A HOSPITAL ship for Manilla is preparing under the auspices of the Red Cross of Oakland, Cal., which is contemplating the purchase of a hospital ship to be sent to the Phillipines. It is estimated to cost about $300,000. The national society, it is reported, will sanction the plan.

THE following appointments have been announced by the war department since our July issue:

To be chief surgeon, with rank of lieutenant-colonel, Major PHILIP F. HARVEY, surgeon U. S. A.

To be division surgeons, with rank of major: NELSON R. HENRY, assistant surgeon-general of New York; VICTOR C. VAUGHAN, of Michigan, surgeon 33d Michigan Volunteer Infantry; CHARLES M. ROBERTSON, of Iowa, surgeon Iowa Volunteer Infantry.

To be brigade surgeons, with rank of major: ROYCE DAY FRY, of Ohio; ELMER E. HEG, of Washington; CHARLES R. PARKE, of Pennsylvania, surgeon 13th Pennsylvania Volunteers; JAMES N. JACKSON, of Missouri, surgeon 3d Missouri Volunteers; WALLACE HEFF, of Ohio; GEORGE F. SHIELDS, of California; WILLIAM S. BRYANT, assistant surgeon 1st Massachusetts Heavy Artillery; WILLIAM F. DENIEDMAN, assistant surgeon 22d Kansas Volunteers; FRANCIS C. FORD, of Texas; LAWRENCE C. CARR, of Ohio.

The following assignments of Buffalo physicians have been made:

Acting Assistant Surgeon EDWARD J. MEYER, U. S. A., will proceed from Washington to Fort Monroe, Virginia, for duty.

Acting Assistant Surgeon IRA C. BROWN, U. S. A., will proceed from Washington to Tampa, Florida, for assignment to duty.

THE wisdom of enlisting several regiments of immunes becomes apparent as the campaign in Cuba advances. As soon as these troops reach Santiago it will enable General Wood to garrison the city with soldiers absolutely safe from the infection of yellow fever, thus enabling the present garrison to return to the hills where there is fresh air and good water. This is another way in which modern sanitary science contributes to the art of war. Whoever heard of a proposition from Spain to enlist immunes or to contribute in any way to the arrest of infectious disease in Cuba? On the contrary, it has been

guilty for centuries of offending the civilisation of the world by its maintenance of unsanitary surroundings at Havana, through which yellow fever has been distributed hither and yon wherever sailors went or ships touched. Let the end of such misrule come speedily and even, if need be, with vengeance!

THERE has been considerable agitation over the pension question since the beginning of the present war. Some pensioners have feared their allowances would cease, others that they would be diminished, while still others have advocated surrendering their certificates from patriotic motives to help meet the war expense. In this relation we think the following anecdote of General John A. Dix deserves publication as indicating a high order of patriotism, for it is a complete answer to those who are eternally carping at the pensioners. The time was in the civil war. The General was seen in line before a pension agency by an intimate friend, who took him to task somewhat after this fashion:

"General, I am ashamed to see you here. You, rich, receiving a large salary as commander of this district and in the hour of your country's distress drawing a pension and you do not need it!"

The General responded: "I am glad that you have spoken so freely, sir. Every word of that is true. I am rich. I do receive a large salary. My country is in distress for money and I do not need the pension. But I am here to draw my pension because I am entitled to it. I served my country in a previous war and was wounded in that service. The understanding has always been in this country that in war the soldier should not be paid full wages. But afterward, for wounds or for incapacity incurred from that service he should be paid a pension. That, sir, was the agreement, just as it has been in all our wars, and in order that no poor soldier shall be ashamed to stand up for his pension I am here to give him countenance by drawing mine. Furthermore, as a patriot I speak. This nation, so long as this system of pensioning the wounded soldier lasts, shall never want for soldiers; nor shall they lack the fighting spirit."

SURGEON-GENERAL STERNBERG proposes to have the much discussed question as to the utility of the so-called cholera bands settled by official action. At his instance a board of medical officers, to consist of Colonel Dallas Bache, assistant-surgeon general; Lieutenant-Colonel Charles Smart, deputy-surgeon general and Major Walter

Reed, surgeon, is appointed to meet in Washington as soon as practicable for the purpose of considering the question as to whether or not the government should issue the so-called "cholera bands" for the use of United States troops in the field.

Meanwhile patriotic women all over the land are busily at work manufacturing these belts. Should the board decide the matter favorably a large supply probably will be shipped at once to the troops in the tropics.

The immediate needs of the soldiers, however, are intelligently set forth by Colonel J. Morris Brown, in charge of medical supplies at the army building in New York, who recently said that there was no use in sending nightshirts to the men. What they wanted was pajamas, which could be used in the field as well as in the hospital. A suggestion made lately was that safety pins would be of much more use to soldiers than ordinary pins, cushions full of which have been contributed for their use. One of the prime necessities of a soldier is tobacco and in nine cases out of ten nothing is more highly appreciated.

A check for $50 lately has been forwarded to Colonel Brown by the Hartford Soldiers' Aid Society, for use in purchasing delicacies for the wounded troops. Good use can be made of all such gifts, which may be sent to him at the Army Building, No. 39 Whitehall street, New York.

ANOTHER hospital ship is fitting out for the use of the army. The former Atlantic Transport Line steamer Missouri, now at pier No. 19, East river, New York, has been selected for this service. The work was begun before the Missouri left Philadelphia a few days ago, when seventy men were placed on board of her and the work was continued throughout her trip to New York. The men, with an additional force, will work night and day until the ship is made ready for this important duty. When the changes are completed she will be able to carry 600 wounded men and her equipment will be of the latest design.

The auxiliary societies of the Red Cross have given to the ship an ice plant, a carbonising plant, a steam laundry, a steriliser and a steam launch, all of the value of $25,000. The ship will also have distilling apparatus, as well as *x*-ray and other modern scientific equipments. The government has ordered that the Missouri be ready for active duty by August 10th, and it is expected that she will then proceed to Porto Rico.

IF MR. RICHARD HARDING DAVIS "and valet" would take to the woods and not try to dictate as to the general conduct of the army in Cuba, including its medical department, it would be at least better for himself if not for his "valet." The criticisms he offered of the management of the campaign before Santiago by General Shafter in his dispatch of July 6th, and of the medical department in that of July 7th, should at least have rendered him *ingrata* and have caused his expulsion from the lines. As he has not been heard from since the last mentioned date, it is presumed that General Shafter has exercised his prerogative in this respect. The sooner the newspaper correspondents are taught that they cannot invade the secret councils of the army, nor write in criticism of the officers with the same careless indifference to personal character that they exhibit toward individuals in civil life, the better for them and for the world at large.

SURGEON-GENERAL STERNBERG of the army has received numerous letters from patriotic women asking what articles would be most acceptable for the use of our sick and wounded soldiers in the field or in the hospitals. For the purpose of answering in a general way these inquiries he has prepared the following memorandum which will be sent to persons communicating with him on this subject:

Money may be sent to the surgeon-general of the army as a contribution to the hospital fund of the hospital ship Relief and of the United States general hospitals. This will be sent to the surgeons in charge to be expended for delicacies for the sick, such as canned soups, jellies, lemons, oranges and the like. Those who prefer may contribute canned soups, clam broth, orange marmalade, ginger ale, biscuits, water crackers and similar articles in hermetically sealed cans for use on the hospital ship Relief and at the United States general hospitals at Key West, Fla., Fort McPherson, Ga., Fort Thomas, Ky., and Fort Myer, Va. Bandages, lint and other surgical dressings are not desired, as these can be obtained from the manufacturers sterilised for use and of the quality which experience has shown to be best suited to our purposes.

Shirts and drawers are provided by the government, but will be accepted and can be given to convalescents upon their discharge from hospital. Pajamas, made of light gingham, will be useful for the sick in hospital and on the hospital ship, as they can be worn by convalescents who are able to be out of bed. Long night shirts of light muslin can also be utilised. Broad bandages of light flannel, to

protect the abdomen, are highly recommended and may be worn to advantage by our soldiers in the field.

The articles mentioned may be sent direct to the surgeon-general of the army at Washington or to the surgeons in charge of the general hospitals named.

"THE battle of July third," which has become the official designation of the naval tournament off Santiago de Cuba in which Admiral Sampson's fleet destroyed the Spanish squadron under Admiral Cervera, was remarkable in that the American loss was but one man killed and twenty-two wounded, most of the latter being slight injuries from splinters or fragments of shells. They were brought north by the Solace and are progressing favorably under the influence of good air and excellent attention. Admiral Cervera, defeated though he was, has borne himself with dignity. He is about the only Spaniard in public life, from Sagasta down to the humblest orderly, that is entitled to the respect of mankind. For the rest, they are a bragging, deceptive, treacherous lot, while Eulate, captain of the Vizcaya, has even worse manners, if it were possible, than Mayor Van Wyck. But Admiral Cervera by his whole bearing shows himself to be a kind-hearted, brave and cultured gentleman.

PERSONAL.

DR. CHARLES A. L. REED, of Cincinnati, delivered the doctorate address at the joint commencement exercises of the Louisville College of Dentistry and the Hospital College of Medicine, departments of Central University of Kentucky, held at Macauley's theatre, Louisville, June 30, 1898. It is needless to add that Dr. Reed was at his best on this occasion before the brilliant audience assembled and that his address was eloquent, thoughtful and instructive. After the exercises the faculty entertained Dr. Reed at dinner at the Pendennis club.

DR. L. S. MCMURTRY, of Louisville, Ky., has been elected president of the faculties of the Hospital Medical College and the Louisville College of Dentistry, vice Dr. John A. Larrabee, deceased. Dr. McMurtry is professor of gynecology and abdominal surgery in the first named college and is everywhere recognised as one of the foremost

American pelvic and abdominal surgeons. His election to the presidency will add further luster to an already famous institution.

DR. WILLIAM H. DRAPER tendered his resignation as professor of clinical medicine in the College of Physicians and Surgeons—medical department of Columbia University—to take effect June 30, 1898. Dr. Draper was appointed professor in 1869 and has served the University since that time. In recognition of his services the board of trustees voted to make him an emeritus professor for life.

DR. VERTNER KENERSON, captain and assistant surgeon of the 74th, has been appointed a contract surgeon in the army and has departed for Washington, where he will report to Surgeon-General Sternberg. He expects to be ordered to the United States general hospital at Tampa.

DR. CHARLES P. KNOWLES, a graduate of the College of Physicians and Surgeons at New York, has located at Buffalo. His office and residence are at 878 Elmwood avenue. Hours: 8-9 a. m., 2-3 and 7-8 p. m. Telephone, Bryant 2,001.

DR. HENRY D. INGRAHAM, of Buffalo, has resigned as gynecologist at the Buffalo Hospital of the Sisters of Charity and is now connected with The Riverside, a private hospital, located at 306 Lafayette avenue, Buffalo, N. Y.

OBITUARY.

DR. JOHN BOARDMAN, of Buffalo, died at his residence, 210 Delaware avenue, July 9, 1898, aged 70 years. Dr. Boardman had been a victim of rheumatic disease during the past seven years and finally succumbed to one or more of its complications.

He was born at Watertown, on June 4, 1828. His father was Rev. George S. Boardman, D. D., who died at Cazenovia in 1877. The younger Boardman was graduated from Williams College in the class of '49, attended two courses of study in the medical college of the Buffalo University as a student of Dr. Frank Hastings Hamilton and was graduated from the medical department of the University of Pennsylvania in 1853.

He was appointed demonstrator of anatomy in the medical department of the University of Buffalo in 1854, in which capacity he served until 1858, when he resigned; from 1854 to 1858 he was physician to the Buffalo Orphan Asylum and was attending surgeon to the Buffalo Hospital of the Sisters of Charity from 1856 to 1873. In

JOHN BOARDMAN, M. D.

From the ILLUSTRATED BUFFALO EXPRESS.

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1883, Gov. Cleveland appointed him a member of the board of managers of the Buffalo State Hospital for the Insane, a position he resigned in 1891 because of ill-health.

On June 4, 1862, Dr. Boardman married Miss Fannie S. Miller, of New Orleans, who died in 1867. He had no children and the only near relatives who survive him are his brother, George D.

Boardman, of Chicago, a niece, Mrs. E. S. Warren, of Buffalo, and a nephew, Henry F. Boardman, of Troy. The funeral was held July 12th, at which Rev. John M. Brayton, of Corfu, officiated.

The honorary pall-bearers were: Drs. C. C. Wyckoff, Thomas Lothrop, H. R. Hopkins, C. G. Stockton, G. L. Brown and G. W. York, and the active pall-bearers were Drs. D. H. Sherman, J. W. Putnam, DeLancey Rochester, Irving M. Snow, S. Y. Howell, F. Park Lewis and Messrs. Charles Clifton and H. C. Harrower. The interment was at Forest Lawn.

Dr. Joseph Haberstro, of Buffalo, died at his home, 769 Genesee street, July 12, 1898, aged 44 years. Dr. Haberstro had suffered from consumption for some time past and during the past few weeks had been steadily growing worse, his condition having been such that no hope was entertained for his recovery. It is supposed that he contracted the disease while serving as resident physician at the Erie County hospital.

Dr. Haberstro was a son of ex-sheriff Joseph L. Haberstro and was a graduate of the medical department of the University of Buffalo, class of 1877; he also studied at Ann Arbor, Mich., and Bellevue Hospital, New York. He had returned from New York City about four weeks before his death, where he had been taking treatment at the Pasteur Institute. Dr. Haberstro was a member of Concordia Lodge of Masons, an Odd Fellow and a member of the Exempt Firemen's Association. The funeral was held at 2 o'clock Friday afternoon, July 15th, under the auspices of Concordia Lodge of the Masonic order and the services were conducted by the Rev. William Grommish, chaplain of the order.

The honorary bearers were Drs. Auel, Storck, Fowler, Phelps, Gott, Martin, Meisburger and Edwin G. S. Miller. The active bearers, members of Concordia Lodge, were: Ernest Bamberg, Charles F. Stern, Peter Braner, Peter Funk, Valentine Frank, Daniel Wander, Jacob Roth and Frank Mauerman. Many of Buffalo's prominent citizens were at the funeral. The burial was in Forest Lawn.

Dr. William H. Bailey, of Albany, died at his home in that city June 24, 1898, aged 72 years. He was born December 28, 1825, at Bethlehem, N. Y., and was the son of Dr. Solomon Bailey. After receiving an academic education he entered Albany Medical College, from which he received the doctorate degree in 1853. He began

practice at Utica, but in the following year removed to Albany, where he continued in practice until his final illness. He was a member of the Medical Society of the State of New York, of which he was secretary from 1865 to 1875, and president in 1880. He was also a member of several other medical societies. He was an able physician, respected by a large community and died lamented by profession, citizens and family.

SOCIETY MEETINGS.

THE American Association of Obstetricians and Gynecologists will hold its eleventh annual meeting in the banquet hall of the Monongahela House, at Pittsburg, Pa., Tuesday, Wednesday and Thursday, September 20, 21 and 22, 1898. The following papers have been promised:

1. ....., President's address, Charles A. L. Reed, Cincinnati.
2. ....., Clinton Cushing, San Francisco.
3. Septic infection of ovarian cystoma, Charles Greene Cumston, Boston.
4. Recent experiences with the Alexander operation, H. E. Hayd, Buffalo.
5. Nursing in abdominal surgery, Joseph Price, Philadelphia.
6. Carcinoma of the breast, W. F. Westmoreland, Atlanta.
7. ..... D. Tod Gilliam, Columbus.
8. Organisation of major operations in private practice, W. G. Macdonald, Albany.
9. Explanation of the character of the temperature in appendicitis, Robert T. Morris, New York.
10. Pathological and clinical phases of gall-stone, A. H. Cordier, Kansas City.
11. Some facts in regard to uterine fibroids, H. D. Ingraham, Buffalo.
12. Albuminuria complicating gynecological operations, Rufus B. Hall, Cincinnati.
13. Extrauterine pregnancy with specimen; mature fetus borne twelve years, W. J. Asdale, Pittsburg.
14. Surgical treatment of morbid conditions involving the broad ligaments, A. P. Claike, Cambridge.
15. ....., A. Vander Veer, Albany.

16. A second paper on the surgical treatment of intussusception in infants, with cases, H. Howitt, Guelph, Ont.

17. Relation of nervous affections to diseases of female pelvic organs, B. Sherwood Dunn, Boston.

18. Ureteral anastomosis, Geo. H. Noble, Atlanta.

19. ....., W. H. Humiston, Cleveland.

20. Some of the complications following vaginal hystero-salpingo-oophorectomy in pelvic suppuration, F. Blume, Allegheny.

21. The question of intra-abdominal drainage, Edwin Walker, Evansville.

Correspondence pertaining to further contributions is pending. It is expected that this will be an unusually interesting meeting. One session will be set apart to the presentation of pathologic specimens and the consideration of their histories.

The Monongahela House will be the headquarters of the association and the management offers a reduction in rates to fellows and guests of the association. An invitation is extended to the members of the medical profession interested in the work of the association to attend the sessions.

THE Niagara Falls Academy of Medicine held its regular meeting at the office of Dr. McCarty, Niagara avenue, Monday evening, July 11, 1898. A large number of members were present. The annual election of officers resulted as follows: President, T. J. McBlain; vice-president, W. J. Faulkner; secretary and treasurer, W. A. Scott; trustees, Owen McMarthy, F. McBrien, J. A. Miller. Papers were read by Dr. Bingham and Dr. McBlain, the latter on Care and treatment after abdominal operations.

THE American Electro-therapeutic Association will hold its eighth annual meeting in the rooms of the Society of Natural Sciences, at Buffalo, September 13-15, 1898, under the presidency of Dr. Charles R. Dickson, of Toronto. The secretary is Dr. John Gerin, of Auburn, and the chairman of the committee of arrangements is Dr. Ernest Wende, of Buffalo. A large attendance is expected and a program of interest is arranging.

THE State and Provincial Boards of Health of North America will hold their thirteen annual meeting at Detroit, August 9, 10 and 11, 1898, under the presidency of Dr. Benjamin Lee, of Philadelphia.

The first day, August 9th, will be given to meeting with the Michigan quarter centennial celebration, in effecting organisation and in hearing reports of committees.

On the invitation of Governor Pingree and the health department, Dr. Ernest Wende, health commissioner of Buffalo, will read a paper on the Municipal prevention of disease.

THE Buffalo Academy of Medicine held meetings during the months of June and July, 1898, as follows:

Section on Surgery—Tuesday evening, June 7th, program: The use of nosophen and antinosine in disease of the middle ear, by Dr. F. H. Willmer; Exhibition of case of fracture of skull, by Dr. Marshall Clinton; Exhibition of specimens, by Drs. H. E. Hayd and C. P. Smith.

Section on Pathology—Tuesday evening, June 21st, program: Dorsokeratosis, with presentation of patient, etc., by Dr. Grover W. Wende; Myxedema, with presentation of a case, by Dr. J. C. Clemesha; A pathologic exhibit, by Dr. Charles E. Congdon.

Section on Obstetrics—Tuesday evening, June 28th, program: Discussion and diagnosis of suppurative forms of intrapelvic disease and its surgical management, by Dr. Joseph Price, of Philadelphia.

A special meeting of the Academy was held Monday evening, July 11, program: The production of diastase and of an alcoholic ferment from fungi, by Dr. Jokichi Takamine, formerly of Tokyo University, Tokyo, Japan.

The annual meeting of the Academy was held Tuesday, June 14, 1898.

The following is the roster of officers, for the session of 1898-1899: President, Dr. Roswell Park; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Charles S. Jewett; trustees, Drs. B. G. Long (3 years), M. Hartwig (2 years), DeLancey Rochester (1 year). Section on medicine: chairman, Dr. William G. Ring; secretary, Dr. Fridolin Thoma. Section on surgery: chairman, Dr. John Parmenter; secretary, Dr. J. Henry Dowd. Section on obstetrics: chairman, Dr. William G. Taylor; secretary, Dr. N. Gorham Russell. Section on pathology: chairman, Dr. A. L. Benedict, secretary, Dr. A. G. Bennett. Council: the above officers and the president of the academy of the previous year, Dr. Lucien Howe.

MEDICAL COLLEGE AND HOSPITAL NOTES.

The Fresh Air Mission Hospital, at Athol Springs, opened the first week in July for the season. It is a free Hospital for cholera infantum and other diarrheal diseases. Railroad tickets and cards of admission may be obtained at the Fitch Institute at any time. There are eight trains each way daily and suitable cases can be sent promptly without any delay or red tape. The mother must accompany the child if possible.

The hospital is only ten miles from Buffalo and can be reached by train in less than half an hour. Physicians of the city who feel interested to visit the hospital are urged to do so. It is a place practically perfect for its work, both in equipment and in situation. The excursion is a pleasant one for a summer afternoon, and if any physicians who wish to go will telephone the Fitch Institute they can receive tickets at half price, that is, for 25 cents for the round trip.

The hospital means more than giving pleasure; it is a matter of life and death and it is fortunate that this department will not have to be stopped at all this summer. The resident physicians at the hospital this summer will be Dr. Roemmelt and Dr. Filsinger. Miss Galbraith will be the head nurse. The staff physicians, Dr. Dewitt H. Sherman and Dr. Irving M. Snow, make daily visits from Buffalo.

THE American Medical Association at its recent meeting unanimously adopted the following:

WHEREAS, the American Medical Association did, at Detroit in 1892, unanimously resolve to demand of all the medical colleges of the United States the adoption and observance of a standard of requirements of all candidates for the degree of doctor of medicine which should in no manner fall below the minimum standard of the Association of American Medical Colleges, and

WHEREAS, this demand was sent officially by the permanent secretary to the deans of every medical college in the United States and to every medical journal in the United States, now therefore the American Medical Association gives notice that hereafter no professor or other teacher in, nor any graduate of, any medical college in the United States, which shall after January 1, 1899, confer the degree of doctor of medicine or receive such degree on any conditions below the published standard of the Association of the American Medical Colleges, [shall] be allowed to register as either delegate or permanent member of this association.

Resolved, that the permanent secretary shall, within thirty days after this meeting, send a certified copy of these resolutions to the dean of each medical college in the United States and to each medical journal in the United States.

PUBLIC HEALTH NOTE.

TYPHOID FEVER FROM ORDINARY STREAMS.—Recent reports to the Michigan State Board of Health show that at least two cases of typhoid fever have been caused by drinking the water in or from the Kalamazoo river. In no case should water be used for drinking or culinary purposes from a river or stream into which sewage is emptied or privies are liable to drain; and as most of the rivers and streams of this state have towns situated upon or near their banks, from which sewage is received and privies are liable to drain, therefore it is very dangerous to use the water from any of the rivers or streams for any culinary purpose whatever, except the water be first boiled, and it should not, in any case whatever, be drank unless previously boiled. Cases have been reported where typhoid fever has been contracted by bathing in streams. Probably this will be most likely to occur through accidentally or carelessly taking the infected water into the mouth. Especially should no person bathe in any ordinary stream just below any city, village or other source of sewage or privy drainage.

Book Reviews.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by THOMAS L. STEDMAN, M. D., New York City. In twenty volumes. Vol. XIV., Infectious Diseases. New York: William Wood & Co. 1898.

This volume treats of the infectious diseases and opens with scarlet fever, by Forchheimer, who always writes interestingly, but never more so than on this occasion. Measles is next taken up by Dawson Williams, who has given us the latest information concerning this common disease of childhood and he is especially strong concerning its complications. Short chapters, then, follow on German measles, by Forchheimer, chickenpox, by Dillon Brown, and glandular fever, by Dawson Williams. The next chapter deals with whooping cough and is written by Joseph O'Dwyer and Nathaniel Read Norton. This disease is not as well understood as to etiology and treatment as it should be, but whatever is known is here recorded. The next subject is cholera infantum, which is handled by Jacobi in his usual masterly manner. This chapter is especially important at this season of the year. Cholera nostras is the next subject and is dealt with by Theodor Rumpf, and he, also, takes up Asiatic cholera in the succeeding chapter, which is exhaustively presented. Dengue is the next disease considered and this chapter is written by Sir Joseph

Fayrer. It is an interesting exposition of a disease that is little understood. We next find beriberi taken up by Sodre, a disease upon which he throws much additional light. Military fever, by Netter, forms the subject of the next chapter and Malta fever, by Bruce, concludes the volume. A well-arranged index is added.

The book is uniform in style and size with its predecessors and, as will be seen by the foregoing synopsis, furnishes an interesting link in the chain contemplated by this series.

YELLOW FEVER. Clinical Notes. By JUST TOUATRE, M. D. (Paris); Member Board of Experts Louisiana State Board of Health. Translated from the French by Charles Chassaignac, M. D., President New Orleans Polyclinic; Editor New Orleans Medical and Surgical Journal. New Orleans: New Orleans Medical and Surgical Journal, Limited. 1898.

The subject of yellow fever has become of greater interest since our war with Spain began and especially since the disease has invaded our army in Cuba. Spain has been guilty for ages through direction and indirection of propagating this infection, and the world at large will owe the United States a debt of gratitude when it shall have banished from the western hemisphere, a misrule that for more than three centuries has been a mockery to civilisation and a shock to science.

The author and the translator of this treatise both have had exceptional opportunities for the clinical study of this disease. Touatre wrote the book in French because he distrusted his knowledge of English; but it has been faithfully translated by Chassaignac, whose thorough knowledge of French idiom peculiarly fitted him for the task, in the exercise of which he has reproduced with exactitude the author's ideas.

Since the infection of yellow fever has been better understood the type of the disease has grown milder, the deaths fewer and the recoveries prompter. A vast amount of information bearing upon all phases of the malady is condensed into this little volume, the study of which we commend to all persons interested in the subject.

ORTHOPEDIC SURGERY. By JAMES E. MOORE, M. D., Professor of Orthopedia and of Clinical Surgery in the College of Medicine of the University of Minnesota; Fellow of the American Surgical Association; Member of the American Orthopedic Association; Surgeon to St. Barnabas Hospital, Minneapolis, etc. Octavo volume of 360 pages, illustrated with 177 half-tones, from photographs made specially for this work. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

The importance of a knowledge of the branch of surgery dealt with in this book is second to none. Indeed, the surgeon who seizes upon a little sufferer, corrects his deformity, restores him to health and makes him self-supporting, performs an act that entitles him to the gratitude of mankind everywhere. There is no more philanthropic work that can engage the attention of the surgeon than the correction of deformities, whether of childhood or adult age.

This author has presented the subject in concise form and has adapted his treatise especially to the use of students and general practitioners of medicine. The illustrations are, for the most part, original and serve to elucidate a clear understanding of the text. Dr. Moore is a general surgeon, but has taught orthopedic surgery for the past ten years, hence his statements have the weight of experience. The treatise is commended to all interested in the subject. Its mechanical execution is unsurpassed.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS. Volume X. For the year 1897. Edited by William Warren Potter, M. D., Secretary. Octavo, pp. viii.—483. Philadelphia: William J. Dornan. 1898.

This handsome volume contains the proceedings of this association at its tenth annual meeting, held at Niagara Falls, August 17-20, 1897. Its contents abound in interesting papers and admirable discussions. The association appears to outdo itself year by year in the excellence of its work and the method of its presentation; at all events, though many excellent volumes have appeared, none are better than this one. Among other things it contains well-prepared memoirs of Mr. James Greig Smith, Dr. Traill Green and Dr. Fletcher D. Mooney, each of which is accompanied by a handsome life-like portrait.

The next meeting of the association is announced for Pittsburg, September 20-22, 1898, under the presidency of Dr. Charles A. L. Reed, of Cincinnati.

THE TREATMENT OF CHOLERAIC DIARRHEA. Published by the Lambert Pharmacal Company, St. Louis. 1898.

This useful little brochure of sixty-four pages is a compilation of experiences in the treatment of summer diarrhea in childhood and adult life by prominent medical men throughout the country. It is seasonable in its appearance as we are just now in the weather belt of enteric disease, and its contents should prove useful to everyone called upon to treat these affections.

HAY FEVER AND ITS SUCCESSFUL MANAGEMENT. By W. C. HOLLOPETER, A. M., M. D., Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia; Physician to the Methodist Episcopal Hospital, etc., etc. Duodecimo, pp. 137. Philadelphia: P. Blakiston, Son & Co. 1898.

The season is near upon us when the sufferers from hay fever will be seeking relief, hence it is opportune that this little treatise should appear at this time. It is well written and discusses the subject from the viewpoint of science. It gives the history of the disease, its exciting and predisposing causes, the time of its occurrence and its duration, its symptoms, complications and sequelæ, its pathology, diagnosis, prognosis and treatment—all in consecutive order. It contains a most complete bibliographical list, arranged in chrono-

logical order from 1565 to 1898. A well-arranged index closes one of the best essays on the subject that we have lately seen and we hope the author's implied promise of successful treatment will be realised for the sake of both physician and patient.

BOOKS RECEIVED.

System of Diseases of the Eye. By American, British, Dutch, French, German and Spanish Authors. Edited by William F. Norris, A. M., M. D., and Charles A. Oliver, A. M., M. D., of Philadelphia. Vol. III. Local Diseases, Glaucoma, Wounds and Injuries, Operations. Imperial octavo, pp. xii.—962. With 50 full-page plates and 186 text illustrations. Philadelphia: J. B. Lippincott Company. 1898.

A Manual of Modern Surgery, General and Operative. By John Chalmers DaCosta, M. D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia, etc. Octavo, pp. 911. With 386 illustrations. Price, cloth, $4.00; half morocco, $5.00 net. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

Electricity in the Diagnosis and Treatment of Diseases of the Nose, Throat, and Ear. By W. Scheppegrell, A. M., M D., ex-Vice-president American Laryngological, Rhinological and Otological Society, etc., etc. Octavo, pp. xiv.—403. New York: G. P. Putnam's Sons, 27 West Twenty-third street. 1898.

A System of Practical Medicine. By American Authors. Edited by Alfred Lee Loomis, M. D., late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M. D., Professor of Medicine in the Cornell University Medical College, New York. In four imperial octavo volumes. Vol. IV.—Diseases of the Nervous System and Mind; Vasomotor and Trophic Disorders; Diseases of the Muscles; Osteo-Malacia; Rachitis; Rheumatism; Arthritis; Gout; Lithemia; Obesity; Scurvy; Addison's Disease. 1,099 pages, 95 engravings, and 8 full-page plates in colors and monochrome. For sale by subscription. Per volume, cloth, $5.00; leather, $6.00; half morocco, $7.00. Lea Brothers & Co., Publishers, Philadelphia and New York. 1898.

International Clinics. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume II. Eighth series. 1898. Octavo, pp. xii.—366. Philadeldhia: J. B. Lippincott Co. 1898.

Manual of Practical Diagnosis for the use of Students and Physicians. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the University Hospital, etc. Small Duodecimo, pp. xii.—278. Third edition, revised and enlarged. Illustrated. Price, $1.50 net. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1898.

Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandi, Privatedocent in the University of Vienna. Authorised translation from the German. Edited by J. Chalmers DaCosta, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia, etc. Duodecimo, pp. 395. With 24 colored plates and 217 illustrations in the text. Price, $3.00 net. Philadelphia: W. B. Saunders. 1898.

Atlas of Syphilis and the Venereal Diseases, including a brief treatise on the Pathology and Treatment. By Prof. Dr. Franz Mracek, of Vienna. Authorised translation from the German. Edited by L. Bolton Bangs, M. D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, etc., etc. Duodecimo, pp. 122. With 71 colored plates. Price, $3.50 net. Philadelphia: W. B. Saunders. 1898.

Diseases of the Nervous System. A hand-book for Students and Practitioners. By Charles E. Beevor, M. D., London, F. R. C. P. Physician to the National Hospital for the Paralysed and Epileptic, etc. Duodecimo, pp. xv.—432. Illustrated. Price, $2.50 net. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1898.

A Compend of Diseases of the Skin. By Jay F. Schamberg, A. B., M. D., Associate in Skin Diseases, Philadelphia Polyclinic, etc., etc. Illustrated. Price, 80 cents. Philadelphia: P. Blakiston, Son & Co. 1898.

Retinoscopy (or shadow test) in the Determination of Refraction at one Meter Distance, with the Plane Mirror. By James Thorington, M. D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc., etc. Second edition, revised and enlarged. Illustrated. Philadelphia: P. Blakiston, Son & Co. 1898.

Twenty-second Year Book of the New York State Reformatory. For the fiscal year ending September 30, 1897. With illustrations and tables. Elmira, N. Y. 1898.

Report of the Commissioner of Education for the Year 1896-97. Volume I. Containing Part I. Washington: Government Printing Office. 1898.

Twenty-fourth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year Ending June 30, 1898. Lansing. 1897.

Seventeenth Annual Report of the State Board of Health of New York. Transmitted to the legislature February 15, 1897. New York and Albany. 1898.

The Johns Hopkins Hospital Reports. Report in Pathology. Volume VII., No. 3. Baltimore: The Johns Hopkins Press. 1898.

The Office Treatment of Hemorrhoids, Fistula, etc., without Operation. Together with remarks on the relation of diseases of the rectum to other diseases in both sexes, but especially in women, and the abuse of the operation of colostomy. By Charles B. Kelsey, A. M., M. D., late Professor of Surgery at the New York Post-graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, the New York County Medical Society, etc. Duodecimo, pp. 68. Price, 75 cents, net. New York: E. R. Pelton, Publisher, No. 19 East Sixteenth street. 1898.

LITERARY NOTES.

THE transactions of the Medical Society of the State of New York, for the session of 1898, is just issued from the press. The volume contains 500 pages, has a discussion on *x*-rays in medicine and surgery, one on diseases of the prostate, forty-four timely articles, minutes of the meeting, reports of committees, revised county society lists, besides other interesting contributions. The price to members of the society is $1.25, to others $1.50. Communications should

be addressed to Dr. F. C. Curtis, secretary, 17 Washington avenue, Albany.

THE beautiful brochure, entitled "The Ship's Doctor," which is being issued to physicians by The Arlington Chemical Co., of Yonkers, N. Y., is of unique interest. Nor is this interest due solely to the novelty of the subject; for, independently of this, the booklet is notable as marking the highest point yet reached in certain features of artistic bookmaking. The deadly battle horrors of the surgeon's merciful vocation are full of dramatic opportunities for the artist, but only an artist of power can make such gruesome scenes impressive instead of merely horrible. Mr. W. Granville Smith is such an artist and he has made for "The Ship's Doctor" a series of battle pictures which touch the highest mark of the illustrator's art. A great naval battle is depicted with thrilling realism and the grim realities of war are uncovered by portrayals of the cock-pit during an action and of episodes of the surgeon's battle duties.

The beauty of this booklet, its professional interest and its timeliness, are certain to make a lively call for it, and physicians who have not received a copy should at once send for it, as the edition is limited and will be issued in the order as requests are received. The more important pictures are admirable subjects for framing and if there are received a number of requests sufficient to warrant the great expense, a series of plates in large size, with liberal margins suitable for framing, will be made and supplied free to physicians. Physicians who would like to have them for framing should make their requests to The Arlington Chemical Co., Yonkers, N. Y., makers of liquid peptonoids, without loss of time.

THE J. B. Lippincott Company, of Philadelphia, publish a useful blood chart, designed by Dr. J. C. Da Costa, Jr., M. D. In these days the examination of the blood becomes important in the diagnosis of many diseases, hence it is convenient to have such a chart as this at hand to record observations.

THE partnership hitherto existing between Presley Blakiston and Kenneth M. Blakiston, under the firm name of P. Blakiston, Son & Co., expired June 30, 1898, on account of the death of the senior member. The business of publishing, importing and dealing in medical and scientific books, as established in 1843, will be continued by Kenneth M. Blakiston, trading as P. Blakiston's Son & Co.

THE *Canadian Journal of Medicine and Surgery*, published in its July issue a special greeting to the International Association of Railway Surgeons, which included a three-color supplement and a poem of welcome, written by one of the editorial staff, Dr. E. H. Stafford. This enterprise no doubt will meet the approval of the patrons of this journal, including its exchanges.

Two new medical journals appeared during June, 1898, the *St. Louis Medical Gazette*, edited by Dr. Martin F. Engman and a staff of ten associates, and the *Medical and Surgical Monitor*, Indianapolis, edited by Dr. Samuel E. Earp.

ITEMS.

WE INVITE the attention of physicians to St. Mary's Maternity and Infant Asylum on Edward street, this city. It is one of the oldest institutions of the kind in the country, having been founded in 1854, and affords advantages for maternity cases unexceled anywhere. Physicians sending cases to it, can be assured of the utmost secrecy when that is desired. They can also attend their own private patients while in the institution, if it is their wish to do so; otherwise skilled obstetric service will be furnished. Both public and private cases receive every attention and comfort possible and the nursing is in every way up to date. Homes are provided for infants after confinement when desirable. See the prospectus of the institution among our advertisements, page xxvi.

THE Imperial Granum Food Company, New Haven, has issued a chart for recording the vital signs and other information relating to the baths given in the treatment of fever cases. It is very complete and will be found especially useful in typhoid fever. Write to the company for their new nursing world fever chart.

THE Niagara Pharmacal Co. has just completed extensive laboratories and showrooms at the corner of South Division and Ellicott streets (opposite the new postoffice), Buffalo. It not only manufactures a full line of fluid extracts, tablets and other pharmaceuticals, but also carries a complete stock of the products of every other prominent laboratory in the country. The preliminary catalogue issued by this company indicates that it is in position to furnish physicians and surgeons with every requisite in the practice of either branch of the profession.

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Original Communications.

INDIGESTION IN INFANTS AND CHILDREN.[1]

BY CLARENCE KING, M. D., Machias, N. Y.

THE three score and ten years of human life may well be divided into three equal periods by which we have about twenty-three years devoted to the process of development and the acquisition of knowledge, twenty-three years to the performance of our life-work and twenty-three years to decay. It is generally during this second period or the earlier part of the third that those achievements have been accomplished by men in all ages which have sent their names down to posterity as moral, intellectual or physical giants. But the attainments of this period presuppose a healthy growth, bodily and mental, during the first period and it is, therefore, evident that the first few years of life are, after all, the most important of our existence. If they go wrong the chances are that our whole life will be warped and unproductive of the greatest results.

In the attainment of physical growth, with which we are at present concerned, digestion and respiration constitute our two post-natal methods. The part which respiration takes in feeding us with oxygen for the nutrition of the blood and hence for the regeneration of the tissues concerns us not at this time, and we dismiss it with this passing notice. Digestion is our theme, or rather its opposite, as applied to the period of most active growth in infancy and childhood.

Digestion may be tersely defined as that process by which food is converted into nutriment, and assimilation as the transformation of such nutriment into the tissues and fluids of the body. Indigestion, on the other hand, not only expresses the failure of this metamorphosis of food, but also precludes the possibility of assimilation hence malnutrition results.

1. Read before the Cattaraugus County Medical Society at Olean, N. Y., August 2, 1898.

Digestion in infants differs materially from digestion in adults, owing to the imperfect development of some of the organs concerned in the process, and in infants the liability to indigestion is consequently greater than in older persons. For comparison let us briefly consider normal digestion in adults and in infants, after which we can more intelligently study its derangements.

Physiology of digestion in adults.—Physiology teaches us that digestion begins in adults in the bucchal cavity by the conversion of starch into glucose through the action of the salivary secretion. But this function of the salivary glands is generally regarded as secondary to the mechanical one of moistening and thus perparing the bolus of food for easy deglutition. The esophagus has never been regarded as a digestive organ, but simply as a channel from one part of the digestive system to another; food passes through it too rapidly to be changed in the least during transit and it is devoid of any important secretion. The stomach, then, receives the food but little altered in its chemical characteristics. In man this organ occupies nearly a horizontal position in the upper abdomen and, according to the recent researches of Dr. Cannon, is essentially a double organ, with two separate and distinct functions. The greater or cardiac pouch of the stomach is the great reservoir which receives the food and stores it until the digestion of starch is completed by the action of the salivary secretion with which it has been intimately mixed. This part of the stomach is but sparingly supplied with circular muscular fibers and peristaltic action is consequently absent, or at least very feeble. But it contains peptic glands and mucous follicles and these secrete an acid fluid, which neutralises the alkaline saliva but not, under normal conditions, until the starch in the food has been converted into glucose. After this change has occurred the food is passed into the next portion of the stomach for its second mastication and mixture with digestive agents. Its presence here excites active peristaltic movements of this part of the stomach, which divide again and again the morsels and convert the whole into one homogeneous pulp. The particles of food in contact with the stomach wall are forced forward by the successive peristaltic waves until they reach the pylorus, which not being open, turns them back again through the center of the mass and this circuit is repeated over and over again until they are finally passed into the intestine. Albumin, fibrin and casein are readily dissolved and digested in the stomach, but fats and sugars require mixture with the intestinal fluids. Perhaps the most important of these is the pancreatic juice which emulsifies fats and has an important

function in the digestion of albuminoids, gluten and casein, after they have been acted upon in the stomach. The bile and the secretion from the intestinal tubules have important functions, but their uses in digestion have not been as fully cleared up as the other fluids. Certain it is, they act on starch; and albumin and meat are more or less digested by them.

Physiology of digestion in infants and children.—With adults, solid food of a mixed nature normally forms our chief sustenance. But the salivary glands are poorly developed in infants and the mouth is consequently comparatively free from saliva, which makes it difficult for them to swallow solid food or digest starch. Hence, their food should be in a liquid form and comparatively free from starch. Again, the stomach occupies a different relative position than it does in the adult, being more nearly perpendicular. It is also normally smaller in size and the gastric glands are not as well developed. Fluids are not retained in the stomach, except for a very brief period, but are passed almost immediately into the bowel below. For these reasons the stomach should be regarded in infants as the dilated lower end of the esophagus with but comparatively little function in digestion; while in adults it is the dilated upper end of the intestine with an important function. But the unique operation, recently performed by Schlatter, of Zurich, proves beyond a doubt that the stomach is not a necessary organ even in the adult, but is rather one of convenience. True, the infant stomach has a function in the digestion of casein, but this has probably been over-estimated, while the importance of intestinal digestion is not fully appreciated. Human milk contains about 30 per cent. of casein, which is readily dissolved and digested by the infant stomach; but casein may also be digested in the intestine by the combined action of the intestinal fluids. Fat exists in human milk in about the same proportion as casein and in such quantities is readily digested by the pancreatic secretion, but this amount can not be much increased without its appearance in the stools. The liver in infants is relatively larger than in adults and is richer in blood. Its secretion is poorer in certain biliary acids, which in the adult tend to neutralize the action of pepsin soon after its passage with the food into the intestine. Hence, the process of digestion begun in the stomach by the action of pepsin may be continued in the intestine by this same ferment, in much the same way as the digestion of starch is accomplished in the stomach of adults by the salivary secretion. And, lastly, the intestinal channel is longer in infants in proportion to their size than in adults and

its muscular activity is less, thus insuring the retention of its contents for a longer time within the influence of its digestive action and absorbent powers.

Etiology. —The first few months of life are devoted solely to bodily growth and it is not until about the sixth month that mental activity is aroused in the least. During this time errors of digestion are common, generally due to the mental incapacity of the nurse in the proper selection of the food or in the manner of giving it; but hot weather, dentition or accompanying disease may be predisposing factors. Bottle-fed babies are more liable to indigestion than those nourished at the breast; and those who are allowed solid or improper articles of food at too early a period are more endangered than either. In older children errors in hygiene, especially in the matter of dress, the pernicious habit of eating between meals, the indulgence in tea and coffee and sweet cake and the eating of candy and peanuts are frequent causes. As a result indigestion follows, diarrhea supervenes, malnutrition ensues and our infant mortality is swelled beyond reason.

Indigestion in infants and children may be, as in adults, either acute or chronic; when acute, the stomach is generally at fault, but when chronic it is usually due to intestinal causes. Every nurse is familiar with the vomiting or regurgitation of milk which follows too free nursing either at the breast or the bottle. If this occurs immediately the milk is ejected in a fluid form and it can hardly be called indigestion as it represents the effort of the first or cardiac portion of the stomach to empty itself into the part below, as it normally should do, soon after nursing. This vomiting, like the escaping steam from a safety valve, prevents accident, *i. e.*, indigestion, and is not of itself disease. But if vomiting is delayed for a few minutes and the ejecta contains much coagulated casein then we may assume either a state of hyperacidity of the stomach or some derangement in the solvent power of its secretion. Of course, this distinction is often arbitrary and cannot always be made clinically, as the two conditions frequently merge into or overlap each other.

Symptoms of acute indigestion.—The symptoms of acute indigestion in infants generally include vomiting of curdled milk or solid pieces of undigested food, fever, disturbed sleep and often diarrhea. If the exciting cause is in the food and this is vomited early and the stomach thoroughly emptied the attack may be cut short and the other symptoms not appear. Otherwise fever quickly follows, the cheeks become flushed, drowsiness supervenes, but with disturbed sleep and that condition, always popular with the laity and known as "worms"

is presented. Under little or no treatment this may pass away in a few hours with a copious or a very offensive passage from the bowels, or if aggravated by hot weather or other causes which enfeeble the powers of resistance, an acute dyspeptic diarrhea may result, which in its turn may be followed by enterocolitis. In severe cases, or in children of a neurotic temperament convulsions may usher in or accompany the attack. Older children often have headache, a coated tongue and tenderness or pain in the epigastrium, while the abdomen may be distended and tympanitic. These symptoms may all subside within a few hours or last a day or two, after which the child rapidly regains its normal health. But these attacks may be repeated again and again until the character of the food or the climatic or sanitary conditions are changed, or the stomach has become better developed and more tolerant to abuse, or death from inanition results.

Treatment of acute indigestion.—The treatment of acute indigestion consists in the first place of the thorough evacuation of the stomach and intestines. If free emesis has not already occurred ipecac should be given and this followed by calomel or castor oil or other cathartic, in palatable form. Ordinarially, vomiting has occurred before the physician is called and occasionally it persists and causes much alarm to the anxious mother. In such cases we should seek to allay gastric irritation by means of a sinapism or spice plaster, applied over the stomach and the administration, at frequent intervals, of small doses of ipecac, or a few drops of a mixture of equal parts of lime water and cinnamon water. The child should be kept perfectly quite in its crib or nurse's lap and all food and other medicines withheld from the stomach. But if restlessness is prominent an opiate may be given by the rectum, suspended in starch water and frequent sponging of the face and extremities, with tepid water, may be practised. In older children vomiting is not as common, but the offending food passes into the bowel and causes diarrhea. If seen early, these cases should promptly have an emetic, but if diarrhea has developed they must be treated by laxatives and stimulants and occasionally by digestants in accordance with the principals generally laid down for the treatment of dyspeptic diarrhea.

Etiology of chronic indigestion.—Chronic indigestion, I have stated, is usually caused by intestinal errors, but such is not always the case. Thus, dilatation of the stomach from atony of the gastric walls, which is a frequent complication of advanced rickets or adynamic disease may be an occasional cause. Habitual congestion of the mucous membrane, as is often induced in children of the poor by the use of

beer or unsuitable food is a common cause in some localities; and the scrofulous and gouty or lithemic diathesis may also produce the disease. Habitual over-feeding taxes to the utmost the powers of the whole digestive tract and the slight irritation from this cause induces increased mucous secretion from the intestinal membrane, which according to Dessau, is rich in mucin and forms a favorable culture medium for the bacteria normally present in the intestine. This causes putrefaction of the intestinal contents with liberation of gases and the possible formation of toxins, with a mild auto-intoxication, sufficient to cause retention of the digestive secretions or even peristaltic paralysis. And, finally, the frequent neglect of sanitary precautions, the fatigue following violent exercise and the depressing effects of the acute diseases during this period of rapid growth and development all predispose to irregularities in the nutritive process, which acting slowly but constantly, often cause chronic indigestion.

Symptoms of chronic indigestion.—Vomiting is not a common symptom in the chronic form of indigestion, except as it is produced by an acute attack following some extraordinary cause. But nutritive defects are apparent throughout the whole system; the skin is pale, the muscles flabby, the circulation poor and the hands and feet are often cold and blue. In advanced cases there is loss of flesh and the eyes are sunken and discolored. The appetite may remain good, but more often it is fickle. The tongue is moist and often covered with a thin gray coating, but denuded of epithelium in sharpely defined patches of variable sizes and shapes. These children are languid and easily tired, at night they are restless and throw themselves in bed, kick off the bed covers and frequently have attacks of night terrors. Constipation is common, or constipation may alternate with diarrhea, the stools sometimes being mixed with mucus. Frequently, attacks of more or less severe abdominal pain occur at irregular intervals and the abdomen is distended with gas, and sometimes tender to pressure. The urine is high colored and loaded with phosphates and may contain uric acid in excess. Often it is passed during sleep, or at the moment of waking and may be the first symptom which induces the parents to consult a physician. Occasionally, attacks of fever occur, or syncope, or cough, or rapid breathing, or palpitation of the heart may divert attention from the real disease. But a microscopic inspection of the stools should help to clear the diagnosis, for it will invariably show shreds of undigested food and many oil globules.

In young infants the symptoms are essentially the same as in older children. They nurse eagerly when given the bottle or are put to

the breast, but do not sleep quietly afterward; they jump and cry out and have to be rocked. Vomiting sometimes happens, as in acute indigestion, but is not frequent. They are fretful and want to be held and do not thrive well. They rub the nose and put the fingers in the mouth and if fever is present this gives rise to the belief that they are cutting teeth or that intestinal parasites are present. Usually they are constipated and the stools are passed in hard balls, or they may be pasty in consistence and light yellow in color. Sometimes prolapse of the rectum occurs from severe straining or the use of drastic purgatives. They have violent crying spells and attacks of colic are frequent and flatulency and eructation of gas generally occur. These symptoms may all persist for a long time until treatment or a radical change in the feeding or surroundings of the child gradually brings about a change for the better or the asthenia ends in death.

Treatment of chronic indigestion.—The treatment of chronic indigestion must begin with radical changes in the matter of food and feeding. Infants at the breast should be nursed regularly at intervals, varying during the day from an hour and a half to three hours, according to age, but at night not more than half as often. If the nurse becomes pregnant again or menstruation has returned, or there is other good reason to suspect the breast milk as the cause of the indigestion it may be well to substitute cow's milk properly diluted. I am not much of an advocate of artificial baby foods, yet doubtless there are cases where they have saved life after milk has proved a failure. Next, the bowels should be attended to and constipation removed. This sometimes is one of the most perplexing questions connected with the treatment of the disease and almost every laxative has had its advocates. Calomel in doses from 1-20 to 1-10 grain, four to six times a day, serves both as a laxative and as an antiseptic, but it should be discontinued for a few days, at least every fortnight. Hydriatics, as recommended by Baruch, and massage of the abdomen may be of service in some cases, and occasionally hot water injections may be given, but their habitual use tends to still further paralyze the bowel and make matters worse. The personal hygiene and sanitary surroundings should be attended to, older children should be encouraged to take outdoor exercise and infants should be wheeled by the nurse, or better, removed to the mountains or sea shore during hot weather. Cool sponging should be practised daily and special care exercised to prevent chilling of the body, especially during digestion. As aids to digestion we may employ diastase, pancreatin or

pepsin, my preference being for the first two, but frequently I give pepsin and pancreatin combined. Theoretically, this combination is unscientific, but clinically it is frequently more satisfactory than either drug separately. Hydrochloric acid is sometimes useful in older children, but should seldom be given infants. Some authors advise the use of predigested foods, but as their use supplants normal digestion they should not be used except for brief periods to bridge over an emergency I prefer the digestion shall take place in the body, even if it has to be stimulated by digestants. Nux vomica or strychnia should also be employed in appropriate doses and the artificial digestants gradually reduced and withdrawn as early as possible.

Special indications for treatment.—The special symptoms or accompanying disorders often require active treatment. Of these the most frequent and distressing are flatulency and colic. It is not well to give opiates in this disease, but occasionally it seems unavoidable. High rectal injections of hot water will often cause the expulsion of gas with relief of pain and hot applications to the abdomen, or cold wet compresses, may accomplish the same result. Bismuth, either the subnitrate or subgallate, is one of the best intestinal antiseptics we have and should be given whenever flatulency is present or skin eruptions occur. Anemia, of course, calls for iron or cod liver oil, but these are difficult to digest and should not be given unless required. Restlessness and night terrors demand bromides, and intestinal parasites, when actually present, call for anthelmintics. Of these Dessau prefers spigelia, combined with senna, but santonin seems to be the one most universally employed. Other complications may be present and should be treated according to the dictates of reason and the accepted therapeutics of our art.

THE CAUSE AND PREVENTION OF SUDDEN DEATH AFTER FIFTY.[1]

THE HEART, KIDNEYS, LUNGS AND BRAIN, ALCOHOLISM AND SUICIDE BRIEFLY CONSIDERED.

By SYDNEY A. DUNHAM, M. D., Buffalo, N. Y.

IT IS the purpose of the writer to consider, under the above title, death which has occurred after a brief illness, from one to two days in adults, who did not consider themselves sick, who were busy

1. Read at the thirtieth annual meeting of the Medical Association of Central New York, held at Buffalo, October 19, 1897.

in their professional and commercial life, but in whom, nevertheless, a close medical examination would have disclosed in one or more of the vital organs of the body pathologic changes which have gradually developed from natural causes or predisposition, or have been acquired by disease, accidents or excesses.

Bichat gives this difference between death from old age and death from sudden seizure—namely, that "in the former death commences at the circumference and ends at the center, while in the latter, death begins at the centers of vitality and gradually extends to utmost bounds."

Death may be expected, but sudden death is a serious thing and when it could have been prevented is allied to suicide. "How old are you?" is an every-day question. The physician answers most correctly in saying that "a man is as old as his arteries."

Balfour, in an interesting volume on the senile heart, says that "age must be measured by tissue changes and not by years, because those tissue changes which mark the progress of development from the cradle to the grave, intensify after middle life all the dangers of acute diseases and by accentuating any latent organic weakness or structural defects, inherent or acquired, often cause those to die from age who have scarcely began to think themselves old."

An adult dies suddenly, the coroner is called and the first thought and word is "heart disease," according to the ancient and out of date phrase *cor ultimum moriens*. As to the order in which the vital organs have been found to be diseased, in cases of sudden death, the heart stands first, and the coroner's snap diagnosis is correct in a majority of cases. Sudden death is more frequent after fifty than before, and increases with age in all cases except those of suicide. The four principal organs in the order of their frequency by which they cause sudden death and those which I shall consider in this paper are: the heart, kidneys, brain and lungs.

Cause of sudden death from diseased heart.—Among the immediate causes revealed at an autopsy may be found rupture of the heart walls—principally the left ventricle, the contributing causes being fatty or fibroid degeneration, circumscribed myocarditis, necrosis following thrombosis or embolism of the coronary arteries; rupture of an aneurism of the arch of the aorta, perforating into either auricle or thoracic cavity, rupture of coronary arteries, due to atheroma, filling the pericardial cavity with blood; adherent pericardium, due to old attacks of pericarditis: a chronic valvular disease, due to endo-

carditis and certain congenital malformations of the heart, which have gone on to middle life before producing sudden death.

Cause of sudden death from diseased kidneys.—It is only in recent years that our knowledge of kidney disease is sufficient to consider them among the organs that cause sudden death. After heart lesions the kidneys are the next structure that are likely to show disease at the post mortem.

Sir George Johnson is credited with the statement which is today the expression of the experience and sentiment of the leading physicians that a cirrhotic kidney is a common occurrence in those who eat and drink to excess.

Apoplexy, convulsions, coma and edema of the larynx may be the immediate cause of death, but upon examination of the kidneys the chief cause or the principal lesion is revealed. In chronic Bright's disease a cirrhotic or contracted kidney is the form most commonly recognised as producing sudden death. Brouardel, of Paris, author of Death and Sudden Death, believes that sudden death in cases of gout always has a kidney origin. In gouty patients, when the function of the kidneys suddenly becomes altered, associated with degenerative changes in the circulatory system, we may expect impending danger. The first premonition the patient may have of this painless, deceptive disease may come like a thief in the night or the blow of the highwayman in the form of sudden death. Business and professional men have seen their associates falling out of the ranks as if by an enemy in ambush. The clergyman says it is a dispensation of Providence; the physician, at heart, believes that it is a dispensation of ignorance or avarice, and knows that a careful medical examination would have disclosed the disease, and by treatment could have averted the impending catastrophe. Chronic diffuse nephritis is the most insidious disease that can occur after middle life. It is fatal and gives short notice when not discovered early.

Apoplexy, pneumonia and Bright's disease are the common causes of death after fifty years of age. The statistics for Buffalo show how close they run in order of frequency. In 1894, apoplexy, 91; Bright's disease, 44; pneumonia, 46. In 1895, apoplexy, 89; Bright's disease, 59; pneumonia, 59. In 1896, apoplexy, 98; Bright's disease, 76; pneumonia, 72. In 1897, apoplexy, 103; pneumonia, 107; Bright's disease, 102.

In seeking life insurance many an applicant has been told of some unknown malady which they must dispose of before being accepted.

The physician today would paraphrase a verse of Blair's as follows:

"How shocking must thy summons be, O Death."
(To him who did not think himself sick.)
"Who counting on long years of pleasure here."
(Is quite untreated for that world to come.)

Cause of sudden death from brain disease.—The brain is held responsible for many things that go wrong with many other vital organs, but still it is the most helpless in defending itself after the others have suffered decay. The brain is so situated, and its blood supply so regulated, that it was prearranged to be the last organ in the body to suffer decay or lose its functions. The brain itself seldom originates disease, but is continually being bombarded by foreign substances from the other organs of the body in the form of emboli, which shut off the nutrition and the uremias and toxemias paralysing its functions. While brain tumors and abscesses are not infrequent, thrombosis and embolism of the cerebral blood-vessels are the more common causes, with chronic endocarditis and arterio-sclerosis contributing. Apoplexy and intracranial hemorrhage may show immediate cause, with aneurism and endarteritis, alcoholism and syphilis contributing. Here is an illustration of a medico-legal case of common occurrence in large cities: In a prize fight or social combat, or in making an arrest, one man receives a blow upon the head or face from which death ensues; the other is held upon a charge of murder. The autopsy shows a chronic pachymeningitis with the dura-mater adherent, endarteritis and miliary aneurism of the cerebral arteries, together with the marks of syphilis or the history of chronic alcoholism.

While post mortem examiner of Erie County in 1890 a case of this kind came before the coroner for decision. The autopsy revealed, as described above, the diseased condition of the cerebral vessels with a diffuse hemorrhage into the corpora striatum, optic thalami and ventricles. The cause of death was given as accidental and from natural causes. It was considered that under such physical conditions sudden death could have taken place at any time by any great mental emotion or physical effort. Any circumstance which increases the intracranial pressure under such conditions would be likely to cause death. Certainly a case of this kind should not go to trial on circumstantial evidence alone.

Cause of death from organs of respiration.—Pulmonary apoplexy, edema of the larynx, pneumonia, pneumothorax, hydrothorax and hematothorax, are some of the fatal lesions.

A physician of this city while under treatment for rheumatism at the Warsaw sanitarium, three years ago, died suddenly of edema of the larynx. He had been troubled with rheumatism for some time. A woman under my care died of pneumothorax, which was the result of septicemia.

Infarction of the lung with a following pneumonia commonly occurs in acute or chronic diseased conditions of the endocardium. Hydrothorax may be one of the fatal complications of kidney lesions with inflammation of the pleura and other serious surfaces. Pathologic conditions of the respiratory organs, causing sudden death, are largely dependent upon heart and renal disease, *e. g.*, pneumonia and pulmonary congestion due to diseased heart and pulmonary edema, due to diseased kidneys.

PREMONITORY SYMPTOMS AND NOTES OF WARNING.

Men after fifty should ponder over Herbert Spencer's definition of life, as it will guide them in adopting preventive measures which are reliable. He speaks of life as "the continuous adjustment of internal relations with external relations." When men and women after fifty years of age have been informed (findeth wisdom) that some previous illness, *e. g.*, typhoid fever or other infectious disease, pneumonia or rheumatism has altered the function and structure of the heart or kidneys, they should be moderate in eating and drinking, avoid violent effort—both physical and mental—secure the advice of the family physician and then "length of days will be in their right hand, and in their left, riches and honor."

While low degenerative changes in the vital tissues of the body may not be cured, they can easily be alleviated and frequently arrested.

Premonitory symptoms referable to the heart.—Precordial anxiety or uneasiness, bradycardia, tachycardia arrhythmia and angina pectoris are among the earlier symptoms and when associated with organic changes, such as fibrous and fatty degeneration of the myocardium, coronary sclerosis, dilatation and hypertrophy, are premonitions of danger, and the prognosis is based on the response which these conditions give to proper treatment. Angina pectoris is more commonly found in males, because arterio-sclerosis is more frequent and the first attack may prove fatal. Balfour states that "the essential lesion of the senile heart is a weakened myocardium and dilatation is the first stage of cardiac change."

The beginning of the fatal heart lesion was probably an endocarditis or endarteritis occurring a score or more of years previous and

gradually following came sclerosis of the valves, rendering them incompetent, and then the insidious involvement of the coronary arteries, shutting off the nourishment to the heart muscle.

The more remote causes still will be found in articular rheumatism, pleurisy, pneumonia, pericarditis, malaria, alcoholism and syphilis. The general malaise, anorexia, anemia and toxemia of today, showing deficient elimination, without treatment, will blow the flame to irreparable damage in later years.

Many people are like an old ship, they are all right in fair weather, but go down when they encounter a storm. The only safety for the captain of such a vessel is to consult the weather bureau or the doctor.

Premonitory symptoms referable to the kidneys.—The signs of distress and danger will be noticed in the slow, continued headache, occasional dizziness, dimness of vision (neuro-retinitis) sleeplessness, difficulty in breathing, muscular twitching and gastric disturbances. A closer examination reveals the urine diminished in quantity, of low specific gravity, usually a trace of albumin, casts may or may not be present, dilatation and hypertrophy of the heart.

While hypertrophy of the left ventricle of the heart and cirrhotic kidney are co-incident, Gull and Sutton deny any direct casual connection between the two, but hold that the two conditions are the result of one general affection of the arterial system, which they call arterio-capillary-fibrosis; that this condition primarily affects the arterioles and invades the other organs—heart, kidneys, lungs, brain, spinal cord and so forth—as a wide spread cachexia, which has its base in the vascular system.

As in the earlier stages of chronic Bright's disease, so in the senile degeneration of the heart and arteries, there may be no pathognomonic symptom until the action of the heart is altered or the secretion of the urine changed in quantity and quality.

We cannot be dogmatic in asserting when such a termination will occur, but as physicians we should be able to give a uniform, positive prognosis in such terms that the patient will heed them. It will be more conducive to happiness and longevity if it were the custom to have a physical examination with a chemical and microscopical one of the urine made semi-annually in adults after they have reached the age of fifty. We have learned in the last few years that all contagious and infectious diseases are preventable, and it will be but a short time before the constitutional diseases of the aged will be considered preventable to a degree greater than at present. Contagi-

ous and infectious diseases of early life are preventable because they are understood and the manifestations are external and receive proper treatment, while the constitutional diseases of adults are not as well understood because their manifestations are internal, without alarming the patient until they are advanced.

Age, gout, alcoholism, syphilis and infectious diseases, according to all the authorities reviewed upon the subject, are the chief among the causes which produce the structural changes in the vital organs already named. These chronic, deceptive and largely preventable diseases, due to such poisons as uric acid, alcohol and syphilis which predispose the race chiefly to sudden death are not properly treated.

Alcoholism, having been so long considered a vice, many physicians are slow to look upon it as a disease. In chronic cases where punishment has failed, treatment from one to six months has proved a success. And more than this it has proved a diseased condition in the alcoholic. When punishment is necessary, as with beginners, it should be severe. Our present law for punishing drunkards is too lenient to have the desired effect. Drunkenness is too great an offence against decency, law and order, to go without a severe penalty.

They should be treated from one to three months as other nervous diseases are treated. Alcoholism produces more sudden deaths including accidents, than any other disease, and would when treated greatly reduce the death-rate from suicide.

Syphilis when treated with the thoroughness and exactness which the treacherous disease requires, would prevent aneurism, which so frequently is the cause of sudden death; also suicide, which is dependent upon cerebral gumma or endarteritis. As soon as the external manifestations have disappeared the patient quits the doctor, notwithstanding the admonitions to the contrary.

When the moral force is lacking, the state in other things lends a hand. Something should be done to compel young men to continue treatment for syphilis until dismissed by the physician, or have his name kept in a book provided for that purpose by the board of health; such names to constitute a list of ineligibles for matrimony. A contract between patient with syphilis and the physician for treatment until cured for from $100 to $300 would help toward keeping up treatment for two or three years, which is required.

Causes of sudden death from alcoholism.—Alcoholism is more frequently the cause of sudden death than is reported, because some

do not want the stigma in the family recorded, and because they die of alcoholism some are refused burial in consecrated ground. It may cause death by producing a congestion of all the principal organs of the body, with no appreciable lesion in any.

A middle-aged gentleman of this city, of fine physique, carrying over $100,000 life insurance, died suddenly one morning while dressing. Autopsy showed considerable congestion of the brain, lungs, liver, kidneys, stomach and slight atheroma of the aorta. A chemical examination of the contents of the stomach revealed no poison and the death certificate was filed, giving as the cause of death no appreciable lesion sufficient to produce death. It was afterward learned that he was a very hard drinker, but not becoming intoxicated easily it was not known to many of his friends. The evening preceding his death he used alcoholic beverages freely. Nervous inhibition is the only way to account for some deaths from alcoholism.

This paper would hardly be complete without some attention to suicide which, according to the better authorities, is on the increase.

Lawrence Irwell, of this city, who has given time to looking up statistics, says that "suicide increases from childhood to the age of fifty-five, and then declines, and that it is due to racial deterioration." In the Christian civilisation, where religion never looks upon it as an honorable thing to do, and where the act is punishable by law, suicide ought not to be on the increase. I would prefer to consider suicide the result of racial dissipation, rather than of racial deterioration Alcoholism is the preponderating cause of suicide, according to French and American authorities.

If the incipient stages of melancholia and other mental troubles were as well understood as the earlier stages of consumption and other infectious diseases, suicide would be more generally prevented. Why certain mental diseases lead to suicide has never been ascertained only as far as suicidal mania does not differ from other manias, such as kleptomania and dipsomania, the uncontrollable impulse is never removed by punishment and only prevented by watchful attendance and treatment.

Post mortem always essential after sudden death.--In 1890, an able bodied man, over fifty, died suddenly while in his chair at dinner. The coroner presented to me, for signature, a certificate of death which gave heart disease as the cause. Preferring to make an autopsy, the heart was examined with the other viscera, and found normal. Before examining the brain I decided to open the trachea

and just beneath the larynx could be seen fibers of meat pressing between the vocal cords, and upon opening the larynx a large piece of steak was found beneath the epiglottis, well wedged into the glottis. The cause of death was changed from heart disease to apnea or asphyxia.

A young man who had died apparently in good health while watching a funeral procession, and whose friends afterward thought it was a bad omen, revealed at the autopsy the left thoracic cavity filled with blood, due to rupture of a thoracic aneurism. The young man had had syphilis one and a half years, but without treatment. There were no external sores showing the history of syphilis. An autopsy is not only necessary to ascertain the cause of sudden death, but to counteract the influence of superstition, charlatanism and christian science. A middle-aged man, under the care of the christian scientists, was taken suddenly worse and a physician was called who administered to the dying man in the absence of his wife. When the wife returned she accused the doctor of killing her husband, therefore the physician would give no certificate of the cause of death without an autopsy. An almost complete mitral stenosis showed cause of death.

As believers and workers in preventive medicine we should recommend that adults after fifty seek medical advice regularly, at least annually, as a matter of business conducive to longevity; that the life insurance companies establish the precedent of requiring a medical examination annually of all policy-holders over fifty years of age and whose policy exceeds $2,000; that the treatment of alcoholism and syphilis should be made compulsatory by law; that physicians try and agree in their examinations and be uniform in their prognosis of individuals in their declining years, and thereby to hasten the day when people at maturity will have the ever increasing confidence in the medical profession which their progressive science based upon higher medical education deserves.

180 WEST CHIPPEWA STREET.

TO CLEAN rusty instruments immerse them over night in a saturated solution of stannous chloride. Rub dry with chamois after rinsing in running water and they will be of a bright silvery whiteness.—*Medical Age.*

PHRENIC PARALYSIS WITH TRANSPOSITION OF THE HEART.—CLINICAL REPORT WITH PRESENTATION OF CASE.[1]

By CHARLES G. STOCKTON, M. D., Buffalo, N. Y.

THIS man came into the wards of the Buffalo General Hospital about four weeks ago apparently suffering from grippe. He had moderate cough, slight temperature and deficiency in vesicular breathing sounds and some broncho-vesicular breathing. The man's heart was very much depressed, both as to frequency and force. In fact when he sat up the pulse was hardly perceptible and when lying down the heart sounds could not be heard in the ordinary area. After a careful examination I found that this depended partly upon displacement of the heart, which was transposed to the right side. The apex could not be felt at all for two or three weeks, but the first sound could be heard, with greatest distinctness at the apex, just at the left of the border of the sternum: and about the third interspace, to the right of the sternum, could be heard the semilunar second sounds. Percussion confirmed this view that the heart was moved to the right.

It seemed a little difficult to account for this transposition of the heart, but after a time it was noticed that the diaphragm was also displaced, or had receded upward and was motionless in respiration. If anything, the diaphragm was elevated during the respiratory act rather than depressed. The stomach was found to be entirely above the free border of the ribs. The liver was also elevated considerably, and I was forced to account for this peculiar loss of power of the diaphragm and this malposition of the thoracic viscera. The case presented some perplexity at first, as I was not prepared to believe that the man had phrenic paralysis, because he had so little dyspnea, but I have changed my opinion and come to the conclusion that the man has phrenic paralysis; that he had a neuritis of the phrenic nerve and that has been, I think, proven by subsequent events.

I think that you can notice the peculiarities of the abdomen and thorax that I have mentioned. The fact that led me to believe that this man had paralysis of the phrenic nerve was, first, the lack of power in the diaphragm, which, after a time, as the man improved in health, was somewhat restored and is gradually improving. The second point was that he developed a neuritis of the right leg and still has a certain loss of power, a certain amount of toe drop and diminu-

1. Presented at the thirtieth annual meeting of the Medical Association of Central New York, at Buffalo, October 19, 1897.

tion both in sensation and motion of the right foot. The one thing that still troubles me is to account for the transposed heart. As you will perceive, it has now returned nearly into the normal position, as the diaphragm has begun to resume its function. I think the stomach is now nearly in its position. At first the stomach was at the upper border of the third rib, and the heart at the apex was to be heard at the left border of the sternum at about the third interspace, and the heart sounds were, for the most part, heard to the right of the sternum.

I think we must admit that some other process is in operation here aside from the loss of the use of the diaphragm. I can understand how the viscera might be advanced upward from this process. I cannot understand how the heart could be transposed to the right. It so happened that this man had an injury from a trolley car some years ago from which he lost his elbow joint, and at the same time he had his right ribs fractured, and I have presumed that following that he had an adhesive pleurisy, which possibly still exerts a certain amount of traction so displayed that when the loss of use of the diaphragm came about, this traction power pulled to the right when the diaphragm was advanced upward.

I have had the opportunity of seeing three cases of transposition of the heart to the right side, depending upon traction from adhesive pleurisy, and two of these cases came to post mortem, so I know that such cases exist, as, of course, is generally conceded. I must admit that the heart is assuming its natural position and the stomach is very much in position today.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Medical Officers of the Civil War—Women Physicians—History of Homeopathy—Individual Members of the Profession.

[*Continued from the August edition.*]

1886—J. W. Grosvenor, H. W. Bode, F. M. Rich, D. A. Morrison, DeLancey Rochester, J. M. Stanley, J. G. Whitwell, E. E. Johnson, Dewitt C. Greene, William C. Callanan, Thomas M. Crowe, Arthur W. Hurd, E. H. Norton, E. T. Smith, Mark M. Brooks,

William L. McFarland, H. H. Bingham, Benjamin W. Cornwell, T. F. Dwyer, Elmer Starr, Edward L. Gager, John T. Pitkin.

Officers for 1886—President, E. T. Dorland; vice-president, O. C. Strong; secretary, William H. Thornton; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, Henry R. Hopkins, A. H. Briggs, P. W. Van Peyma, William H. Gail; delegates to state medical society, B. Bartow, F. S. Crego, M. B. Folwell, F. W. Hinkel, C. W. Bourne.

1887—George H. Westinghouse, E. J. Murphy, W. E. Jennings, Gustave Pohl, C. J. Hill, W. E. Robbins, E. M. Wetherill, E. T. Stevens, C. G. Steele, Harry A. Wood, Jacob Goldberg, Bina A. Potter, G. W. Cutter, William A. Hoddick, Thomas G. Allen, George S. Palmer, J. G. Meidenbauer, R. E. Miller, Julius Pohlman.

Officers for 1887—President, O. C. Strong; vice-president, J. D. Hill; secretary, William H. Thornton; treasurer, F. W. Abbott; censors, Edward Storck, Henry R. Hopkins, William H. Gail, P. W. Van Peyma, Charles H. Wetzel.

1888—B. M. Strong, W. H. Bergtold, William H. Heath, J. J. Birmingham, Charles W. Howell, Charles E. Congdon, Ernest Wende, M. B. Cook, M. B. Searls, H. G. Matzinger, Paul F. Bussman, W. Scott Renner, W. M. Ward, Bernard Cohen, Jacob M. Falk, John Ketchum, S. Goldberg, B. F. Rogers, W. T. Tanner.

Ernest Wende, who became a member in 1888, was appointed health commissioner of Buffalo under the new charter, January 1, 1892. Under his administration many reforms have been instituted, and the death-rate of Buffalo has become the lowest of any city of its size in the world. He was reappointed for a term of five years by Mayor Edgar B. Jewett, to take effect January 1, 1897.

Officers for 1888—President, John D. Hill; vice-president, Rollin L. Banta; secretary, William H. Thornton; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, Henry R. Hopkins, P. W. Van Peyma, A. R. Davidson, W. D. Greene.

1889—Westervelt Banta, J. N. Goltra, George F. Cott, Electa B. Whipple, John D. Flagg, H. C. Buswell, Clark F. Bruso, Ira C. Brown, Fridolin Thoma.

Officers for 1889—President, R. L. Banta; vice-president, G. W. McPherson; secretary, W. H. Thornton; treasurer, F. W. Abbott; librarian, James B. Samo; censors, Edward Storck, P. W. Van Peyma, Thomas Lothrop, Henry Lapp, Henry R. Hopkins; delegates to the state medical society, A. E. Persons, Roswell Park, E. L. Bissell, F. W. Bartlett, E. H. Long.

1890—L. L. Ball, A. L. Benedict, J. D. Bowman, John J. Champlin, M. A. Crockett, Sydney A. Dunham, C. E. Ernest, Howard L. Hunt, J. M. Krauss, C. B. LeVan, George W. T. Lewis, George

H. McMichael, John Middleton, R. S. Myers, E. N. Pfohl, T. Haven Ross, Clinton A. Sage, George H. Sisson, C. M. Smith, T. S. Stewart, John J. Twohey, W. Wolff, F. B. Voght, J. E. Whitmore, E. E. Briggs, F. M. Gipple, Allen A. Jones, William C. Krauss, R. E. Moss, M. Retel, Emil Schroeder, Hugo Schmidt, Otto Thoma, J. C. Thompson.

Officers for 1890—President, G. W. McPherson; vice-president, E. C. W. O'Brien; secretary, William H. Thornton; treasurer, F. W. Abbott; librarian, J. B. Samo; censors, Edward Storck, Thomas Lothrop, Henry Lapp, Joseph Haberstro, P. W. Van Peyma.

1891—L. B. Dorr, B. S. Bourne, Henry J. Mulford, E. A. Forsyth, Henry Y. Grant, C. T. Wolsey, E. A. Milring, William A. P. Andrews, R. L. Patteson, Walter J. Riehl, E. G. Danser, William Dowlman, H. S. Townsend, William P. Clothier, John J. McCullough, John Hausberger, E. H. Young, William H. Chace, C. R. Jennings, J. F. Sell, M. J. O'Connell, J. P. Wilson, William H. Woodbury.

Officers for 1891—President, E. C. W. O'Brien: vice-president, William H. Gail; secretary, William H. Thornton; treasurer, F. W. Abbott; librarian, Lucien Howe; censors, Edward Storck, R. L. Banta, Henry Lapp, M. B. Folwell, E. H. Ballou; delegates to the state medical society, B. H. Grove, B. H. Daggett, Edward Clark.

1892—W. H. Baker, C. A. Schladermundt, Harriet E. Sheldon, F. H. Powell, Charles H. Meahl, E. H. Tweedy, Charles H. Woodward, Charles P. Clark, Lillian C. Randall, A. B. Knisley, Lewis C. Smith, Irving W. Potter, Arthur B. Allen, Charles J. Reynolds, John R. Gray, F. L. Watkins, Frederick Preiss, F. E. Hill, W. J. Beutler, J. M. Hewitt, A. J. Colton, M. V. Ball, J. J. Drake, L. A. Denton, Mary I. Denton, H. U. Williams, J. T. Harris, E. J. Gilray, C. B. Johnson, A. N. Collins, A. G. Bennett.

Officers for 1892—President, William Warren Potter; vice-president, William H. Gail; secretary, E. H. Long; assistant-secretary, Ira C. Brown; treasurer, Edward Clark; librarian, Charles A. Ring; censors, Edward Storck, Henry R. Hopkins, P. W. Van Peyma, J. J. Walsh, Henry Lapp; delegates to state medical society, B. H. Grove, Edward Clark, E. C. W. O'Brien, Ernest Wende, H. E. Hayd.

At the semi-annual meeting, June 14, 1892, Drs. Joseph Price, of Philadelphia, Charles A. L. Reed, of Cincinnati, Lewis S. McMurtry, of Louisville, James F. W. Ross, of Toronto, and Brooks H. Wells, of New York, attended and read papers, or took part in the discussions. This meeting was probably the most remarkable in

the history of the society. Never before had so many distinguished men attended from a distance to participate in the proceedings. The papers and the discussions were published in full in the BUFFALO MEDICAL JOURNAL for August and September, 1892, and reprinted in separate form.

1893—Eleanor McAllister, Loren H. Staples, Carlos E. Bowman, Mary T. Greene, H. C. Leonhardt, Jane W. Carroll, Robert S. Hambleton, Frank J. Thornbury, Henry T. Carter, Alfred E. Diehl, Alfred F. Erb, Edward L. Frost, Franklin C. Gram, George J. Hearne, George A. Himmelsbach, H. Corwin Jones, Charles E. Long, Edward J. Myer, Ferdinand G. Moehlau, Duncan Sinclair, James Stoddart, Clarence A. Tyler, G. W. Wende, J. F. Whitwell, Edward R. Wiser.

Officers for 1893—President, John Parmenter; vice-president, William H. Jackson; secretary, E. H. Long; assistant-secretary, George F. Cott; treasurer, Edward Clark; assistant-treasurer, E. A. Smith; librarian, Charles A. Ring; censors, P. W. Van Peyma, Henry Lapp, J. F. Krug, J. H. Potter, A. L. Benedict; delegates to the state medical society, William H. Bergtold, J. J. Walsh, William C. Callanan.

1894—Albert T. Lytle, Ada C. Lathrop, Harry Mead, Dewitt H. Sherman, Horace Clark, Charles S. Jewitt, A. W. Bayliss, C. S. Siegfried, Francis T. Metcalfe, Ludwig Schroeter, William G. Taylor, Helen J. C. Kuhlman, William Meisberger, Maud J. Frye, William C. Fritz.

Officers for 1894—President, William H. Gail; vice-president, F. W. Bartlett; secretary, F. C. Gram; assistant-secretary, George F. Cott; treasurer, Edward Clark; assistant-treasurer, Eugene A. Smith; librarian, William C. Callanan; censors, J. F. Krug, James S. Porter, Henry Lapp, A. L. Benedict; delegate to state medical society to fill vacancy, J. H. Pryor.

1895.—N. Victoria Chappell, A. H. Macbeth, G. P. Hepp, Charles A. Clemens, William G. Bissell, A. T. O'Hara, Clara E. Bowen, Evangeline Carroll, Walter M. Kidder, F. H. Field, Thomas B. Carpenter, Homer J. Grant, Hiram A. Kendall, Lawrence J. Hanley, P. H. Hourigan.

Officers for 1895—President, F. W. Bartlett; vice-president, J. G. Thompson; secretary, Franklin C. Gram; treasurer, Edward Clark; censors, J. B. Coakley, M. Hartwig, E. H. Long, F. T. Metcalfe, Henry Lapp.

1896.—R. H. Lounsbury, John V. Woodruff, F. H. Milliner, Amelia F. Dresser, Jacob Miller, C. E. Fisher, Ray H. Johnson, John E. Bacon, H. C. Roth, Martha F. Caul, Wellington G. Grove, Richard H. Satterlee, J. Grafton Jones, John B. McArtey, C. T. Stewart, E. E. Blaauw, Henry Osthues and J. Henry Dowd.

Officers for 1896—President, J. G. Thompson; vice-president, Henry R. Hopkins; secretary, F. C. Gram; treasurer, Edward Clark; censors, J. B. Coakley, M. Hartwig, B. G. Long, F. T. Metcalfe, Henry Lapp.

At the annual meeting, held January 14, 1896, the society having completed its 75th year, celebrated its diamond jubilee. Papers commemorative of the occasion were read by Drs. John Hauenstein, C. C. Wyckoff, John Cronyn and Franklin C. Gram. These papers were published in the BUFFALO MEDICAL JOURNAL during the next few months, and also were reprinted and sent out in pamphlet form to libraries and medical societies throughout the state.

1897—Jane North Frear, Frederick W. Hayes, Edward E. Koehler, Earl P. Lothrop, E. T. Rulison, A. E. Woehnert, Marion Marsh, Cora Billings Lattin, Henry W. Lattin and J. Glen Ernest.

Officers for 1897—President, Henry R. Hopkins; vice-president, Hiram P. Trull; secretary, Franklin C. Gram; treasurer, Edward Clark; librarian, William C. Callanan; censors, John B. Coakley, Charles E. Congdon, Thomas F. Dwyer, Irving W. Potter and Gustave A. Pohl.

At the semi-annual meeting, held June 8, 1897, Dr. Hopkins and Dr. Trull having declined to serve, Dr. Lucien Howe was elected president and Dr. John B. Coakley was elected vice-president for the remainder of the year.

1898—Renwick R. Ross, Henry M. Reinhardt, Julius Ullman, Lorenzo Burrows, Katherine S. Munhall, Mary M. Huntley, Edward M. Dooley, William Preiss, D. J. Constantine, L. E. McC. Pomeroy, Francis E. Fronczak, Carro Julia Cummings, John J. Finerty, F. W. McGuire and John H. Daniels.

Officers for 1898—President, Lucien Howe; vice-president, John B. Coakley; secretary, Franklin C. Gram; treasurer, Edward Clark; librarian, William C. Callanan; censors, John B. Coakley, Charles E. Congdon, Thomas F. Dwyer, Irving W. Potter and Julius F. Krug; delegates to the state society, Herbert U. Williams, Arthur W. Hurd, Peter W. Van Peyma, Thomas B. Carpenter, Grover W. Wende, Eugene A. Smith, Earl P. Lothrop and J. G. Thompson.

Every possible effort has been made to verify the facts and dates given in the foregoing section, sometimes at considerable expenditure of time and patience, but they are believed to be correct in the main and are offered as containing much of interest to physicians as well as to many outside the ranks of the profession.

The society is now in flourishing condition, has 350 members and is contemplating the establishment of a medical home for itself and the other medical organisations in the county.

BUFFALO MEDICAL ASSOCIATION.

The first attempt to organise a medical society with membership limited to the boundaries of Buffalo is recorded as having taken place July 16, 1831. On that date a constitution and by-laws for the medical society of the village of Buffalo was submitted for adoption. It comprised a preamble of three paragraphs, a constitution of twelve articles and a group of thirty-six by-laws. They were such as are usually adopted by medical societies and were signed by the following-named foundation members: Cyrenius Chapin, Judah Bliss, John E. Marshall, Josiah Trowbridge, Moses Bristol, Bryant Burwell, Henry R. Stagg, Alden S. Sprague, James N. Smith, Lucian W. Caryl, Orson S. St. John.

These physicians met again July 19, 1831, adopted the constitution and by-laws and elected the following-named officers: President, Cyrenius Chapin; vice-president, Judah Bliss; recording secretary, Bryant Burwell; corresponding secretary, Josiah Trowbridge; treasurer, Moses Bristol. Whereupon the organisation of the society was completed. Six members were chosen to read dissertations on specified subjects at successive meetings of the association. In accordance with this order at the next meeting, August 2, 1831, Dr. Caryl read a paper on the circulation of the blood, which was discussed by Dr. Trowbridge, in the course of which he referred to the case of Mrs. Gen. Porter, who had lately died. During 1831 five meetings were held, two papers were read, and three members paid fines of $2 each in default of presenting papers at designated times. The annual meeting was held January 2, 1832, when the following officers were elected: President, John E. Marshall; vice-president, Bryant Burwell; corresponding secretary, Josiah Trowbridge; recording secretary, Lucian W. Caryl; treasurer, Alden S. Sprague. Meetings were held February 7th and March 6th, but on April 3d, May 1st and June 5th, the secretary reported no quorum and recorded fines against delinquent members. This was the last attempt to convene the society and it died in less than a year after its organisation.

The second effort to organise within the lines previously mentioned was on January 22, 1836, when a meeting of the physicians and surgeons of the city of Buffalo was held at the office of Drs. Marshall and Harris. At this meeting Drs. Bryant Burwell, Marshall, Barnes, Hawley and Winne were appointed a committee to draw up a fee bill, and Drs. Miller, Salsbury, Sprague, McVickar and White were appointed a committee to prepare a constitution and by-laws for the proposed medi-

cal association. Another meeting was held January 27, 1836, at the same place, when Dr. Gorham F. Pratt was appointed chairman, and Dr. Charles Winne served as secretary. The committee on fee bill reported the following-named physicians as having pledged themselves to adhere to it: Bryant Burwell, Henry R. Stagg, James E. Hawley, John E. Marshall, C. H. Reynolds, Brock McVickar, Charles Winne, James P. White, Abraham Miller, Judah Bliss, Josiah Barnes, Alden S. Sprague and Francis L. Harris. The committee appointed to prepare the constitution and by-laws failed to report, hence no organisation was effected. It is stated as a reason for this failure that at the time mentioned everybody was carried away with the spirit of speculation engendered by the sudden prosperity of the times; hence, it was impossible to interest a sufficient number to maintain a medical organisation.

The third attempt, more successful because permanent, did not occur until ten years afterward. The BUFFALO MEDICAL JOURNAL, in its issue for July, 1845, which had lately been established printed the following notice: "*To the physicians of Buffalo:* Physicians of this city, members of the Erie County Medical Society, who are disposed to unite in forming a city medical society, are requested to meet at the office of Dr. Josiah Trowbridge, on Wednesday evening, July 2d, at 7 o'clock." The meeting was held has appointed, at which the following-named physicians were present: Josiah Trowbridge, Moses Bristol, Alden S. Sprague, George N. Burwell, John S. Trowbridge, Charles Winne, Josiah Barnes, Francis L. Harris, Horatio N. Loomis, H. M. Congar, Frank Hastings Hamilton and Austin Flint. Dr. Josiah Trowbridge was called to the chair and Dr. Flint was appointed secretary. A committee consisting of Drs. Loomis, Winne and Flint was appointed to prepare a constitution and by-laws. This committee reported at an adjourned meeting, held July 16, 1845, at the office of Drs. Sprague and Loomis. Its report was adopted after a debate during which some minor alterations were made. Officers for the ensuing year were elected as follows: President, Josiah Trowbridge; vice-president, Alden S. Sprague; recording secretary, Austin Flint. The constitution and by-laws were signed by Josiah Trowbridge, Moses Bristol, James P. White, Alden S. Sprague, H. H. Bissell, John S. Trowbridge, Sylvester F. Mixer, George N. Burwell, James B. Samo, Samuel G. Bailey, Austin Flint, Gorham F. Pratt, Francis L. Harris, H. M. Congar, William Treat, Silas Hubbard, Charles H. Wilcox and Josiah Barnes; total, eighteen members.

The first regular meeting of the Buffalo Medical Association was held at the office of Dr. Frank Hastings Hamilton, August 5, 1845, at 8 o'clock P. M. On this occasion Dr. Flint presented for inspection a heart with valvular lesions; Dr. Hamilton moved the appointment of a committee to collect statistics concerning shortening in fractured limbs. At the September meeting Dr. White presented a placenta with ossific deposit and reported a case of rupture of an ovarian cyst, caused by a fall, in which absorption of the fluid and recovery took place. We have mentioned the reports of these three men at these meetings because they, perhaps more than any others, gave direction to the early efforts of the society. Hereafter in these pages only such proceedings or acts of the association as may possess some general or public interest will be recorded. No reference to its scientific work will be made other than such as relates to public health, except when some question of paramount importance is presented.

At the meeting held December 3d, Drs. White, Barnes and Flint, as a committee, reported a fee bill, which was adopted and ordered printed for the use of members. At the meeting held March 3, 1846, the secretary applied for and obtained permission to publish the proceedings of the association in the BUFFALO MEDICAL JOURNAL. At this meeting Dr. Bryant Burwell introduced resolutions favoring a national medical convention, to be held at New York, May 1, 1846, and at a subsequent meeting Drs. Bryant Burwell and Alden S. Sprague, were elected delegates to attend the convention. At a meeting, held April 27, 1847, on motion of Dr. White, it was voted to raise the sum of $25 by subscription to help defray the expenses of the delegates to the American Medical Association. Dr. Josiah Trowbridge was elected delegate, but declined to serve; whereupon a committee was appointed to select a delegate, but subsequently reported that they had failed to do so.

At the annual meeting held August 3, 1847, the following-named officers were elected: President, Bryant Burwell; vice-president, C. H. Austin; secretary, William Treat. At a meeting held January 4, 1848, Dr. Sprague reported the successful amputation of a thigh while the patient was under the influence of ether and unconscious throughout the operation. This was the first capital operation performed in Buffalo under anesthesia. February 1st, Dr. Hamilton related the effects of chloroform upon himself. He obtained a specimen from Boston, of which he had inhaled about one ounce. The propriety of employing ether in obstetric practice was also discussed

and an adverse opinion was elicited, though Dr. Loomis thought well of it in surgical operations if employed with proper care. April 4th, Dr. Hamilton offered a preamble and resolution providing for the painting of a portrait of Dr. Josiah Trowbridge, the first president of the association. The picture was subsequently painted by Wilgus, who received $68 for his work, and it was hung in the common council chamber November 7, 1848. Dr. George N. Burwell, at this meeting, reported seven cases of obstetrics in which he had used chloroform with entire safety and great comfort to the patients. Dr. Walter Cary having been chosen delegate to the American Medical Association was instructed to invite it to hold its next meeting in Buffalo.

On May 2, 1848, the by-laws were amended, providing that the annual election be held thereafter on the first Tuesday of April in each year. The object of this change was to afford an opportunity for the printing of the names of the officers in the city directory, which was then issued in June every year.

At the next annual meeting, August, 1848, the following-named officers were elected to serve until the ensuing April: President, Frank Hastings Hamilton; vice-president, S. F. Mixer; secretary, William Treat. Primary board: Austin Flint, Walter Cary and H. M. Congar. The duty of the primary board was to examine students who desired to enter upon the study of medicine, and no physician in the capacity of preceptor was permitted to receive a student who did not possess the certificate of the primary board.

Annual meeting, April 3, 1849. The following-named were elected officers: President, Sylvester F. Mixer; vice-president, George N. Burwell; secretary, James M. Newman. May 1st, Dr. James B. Samo, from a committee appointed for that purpose, recommended the following as a minimum annual salary for medical services at the places named: Almshouse, $1,000; jail, $100; workhouse, $200. Fee in coroner's cases, $3 to $5; attendance on cholera hospital, $5 a day June 5th, Dr. Walter Cary reported a case of Asiatic cholera, the first in Buffalo during the epidemic then prevailing in this country.

June 10th. Special meeting. Dr. Josiah Trowbridge stated that the meeting had been called for the purpose of establishing a unformity in reporting cases of the prevailing epidemic cholera to the board of health; also to ascertain, by conference with the board of health, what in its opinion were cases of cholera and what it expected physicians to report as cases of that disease. Dr. C. C. Haddock and

Mr. A. McArthur, members of the board of health, were present. On motion of Dr. Flint it was ordered that a committee of three be appointed to draft a report expressive of the sense of the association relative to the object of the meeting. Drs. Flint, Treat and John S. Trowbridge were appointed as such committee to report at an adjourned meeting. The next morning after this meeting Dr. C. C. Haddock, in apparent good health, was attacked with diarrhea, which he neglected to heed, but pursued his public duties as health officer until late in the evening of the same day, at which time he was striken with cholera and died the next evening. July 12th the adjourned meeting was held in the common council chamber, when Dr. Flint read his report (published in the BUFFALO MEDICAL JOURNAL, August, 1849), and the death of Dr. Haddock was announced. Appropriate resolutions were passed in his memory.

April 2, 1850. The election resulted in the choice of the following-named officers: President, George N. Burwell; vice-president, Charles W. Harvey; secretary, William Ring. September 3d, Dr. Frank H. Hamilton read a biographical sketch of Dr. John E. Marshall. October 1st, Drs. Burwell, Pratt and Treat, were appointed a committee to prepare a biography of Dr. Cyrenius Chapin.

April 1, 1851, the following-named officers were chosen: President, Charles W. Harvey; vice-president, Silas Hubbard; secretary, James S. Hawley. Primary board: Drs. Wallis, Wyckoff and Treat. May 5th, Drs. Ring, Sprague and Hamilton were appointed a committee to obtain signatures to a petition to the legislature in favor of legalising dissection. Drs. Strong, Burwell and Congar were appointed a committee to memorialise the common council in relation to more perfect registration of deaths. At this meeting the association resolved to meet every fortnight instead of every month as heretofore.

April 6, 1852. Election of officers: President, C. W. Harvey; vice-president, Silas Hubbard; secretary, Sandford Eastman. Primary board: Drs. Wallis, Strong and Garvin. July 6, 1852, this being the evening for the obsequies of Henry Clay, on motion of Dr. Eastman the association adjourned for one week. August 3d. At this meeting sixty-two cases of cholera and thirty deaths were reported within the preceding week. Drs. Hamilton, Wilcox and Strong, were appointed a committee to report on the relation of upturning of soil to the causation of cholera.

April 5, 1853. Election of officers: President, Charles H. Wilcox; vice-president, James M. Newman. Primary board: Drs.

Eastman, Hawley and Ring. July 7th, Dr. Marshall Hall, of London, then visiting this country, attended the meeting of the association by invitation and proceeded to demonstrate the reflex nervous system of frogs. Afterward Dr. Flint entertained Dr. Hall and the members of the association at his home.

March 7, 1854. Dr. Sanford B. Hunt called the attention of the association to the propriety of taking observations of the temperature and humidity of the atmosphere, accentuating their importance in connection with disease. Means were at once taken to obtain proper instruments, which was the beginning of the valuable hygrometric observations that subsequently made Dr. Hunt so famous in this field of scientific inquiry.

April 4, 1854. Election of officers: President, James M. Newman; vice-president, P. H. Strong; secretary, Sanford B. Hunt. June 27th, Dr. Rochester reported a case of cholera that occurred June 12th, the first reported during this year. Dr. Hunt remarked on the epidemic of varicella at Hornellsville. There had been three hundred cases and ten deaths. August 1st, reports were made of cholera in Buffalo and Niagara Falls; it had been especially fatal at the latter place and Drs. Hunt and Fred Gardiner had each spent a week there, while Drs. Hamilton and Rochester had been several hours at Suspension Bridge. In the discussion Dr. Hunt remarked that the higher the dew point the more severe the disease.

February 6, 1855. Dr. Samuel G. Bailey gave a supper and social entertainment to the members of the association.

April 3, 1855. Election of officers: President, P. H. Strong; vice-president, Sandford Eastman; secretary, Sanford B. Hunt. Primary board: Drs. Hawley, Root and Baker.

BUFFALO MEDICAL AND SURGICAL ASSOCIATION.

At the meeting held in February, 1856, Dr. Baker, from the committee on organisation, reported a form for an act of incorporation. This was ratified April 1, 1856, when the Buffalo Medical Association became incorporated as the Buffalo Medical and Surgical Association.

April 1, 1856. Election of officers: President, Sandford Eastman; vice-president, Austin Flint; secretary, Sanford B. Hunt; treasurer, James M. Newman; librarian, William Howell.

April 7, 1857. Election of officers: President, Austin Flint; vice-president, C. C. Wyckoff; secretary, Sanford B. Hunt; treas-

urer, James M. Newman; librarian, B. H. Lemon. Primary board: C. L. Dayton, John Boardman, A. W. Nichols.

February 16, 1858, Dr. Rochester read an account of the illness of Dr. Morgan G. Lewis, who died of pyemia.

April 6, 1858. Election of officers: President, C. C. Wyckoff, vice-president, James M. Newman; secretary, Austin Flint, Jr.; treasurer, S. F. Mixer; librarian, B. H. Lemon. Primary board: Drs. Hawley, Eastman and King. Dr. White reported the successful restoration of the uterus after it had been inverted for six months. This operation had never before been successfully performed in this county. September 7th, Dr. White reported a case of inversion of the uterus of over fifteen years' standing, which he had restored to its normal place in fifty minutes, the patient being under the influence of chloroform. The woman died on the sixteenth day from general peritonitis. The autopsy, however, disclosed that the disease was a coincidence and not a sequence of the uterine restoration. There was no traumatism found as a result of the operation.

April 12, 1859.—Annual election. President, James M. Newman; vice-president, Thomas F. Rochester; secretary, Austin Flint, Jr.,; treasurer, C. B. Hutchins; librarian, B. H. Lemon.

August 2, Dr. Frank Hastings Hamilton expressed the opinion that a person during sleep could not be anesthetised by chloroform. This declaration gave rise to some discussion, most of the members coinciding with the views of Dr. Hamilton. December 6th, Dr. Hamilton introduced Dr. William K. Scott, an old and honored physician of Buffalo, for some years retired from the practice of his profession, yet who in his 72d year possessed so firm a nerve, an eye so undimmed, that he was daily in the habit of executing caligraphy in a manner most wonderful and pleasing. Dr. Scott stated that he had practised this exercise for the purpose of preserving and improving his eyes. He then presented for inspection 1,391 words written upon a circular card, 57-100 of an inch in diameter; each letter was beautifully and distinctly formed. Dr. Scott was president of the Medical Society of the County of Erie in 1844.

April 3, 1860. Election of officers: President, Thomas F. Rochester; vice-president, C. C. F. Gay; secretary, William Treat; treasurer, J. F. Miner; librarian, William Ring. Primary board: Frank H. Hamilton, Sandford Eastman, Henry Nichell.

April 2, 1861. Election of officers: President, C. C. F. Gay; vice-president, James P. White; secretary, J. F. Miner. August 6th, Dr. William Treat, who had just returned from Washington,

where he had assisted in dressing the wounded that were brought into Fort Runyon, July 22d, after the battle of Bull Run, gave an account of that service. He stated that very few capital operations were made, as most of the wounded were able to walk. One amputation near the shoulder well dressed arrived from the field, and several soldiers with their forearms in temporary splints also came in on foot. The whole number dressed was about 125. Dr. Charles H. Wilcox, surgeon of the 21st regiment, and Dr. Joseph A. Peters, assistant surgeon, were actively employed, while Dr. Frank H. Hamilton, surgeon of the 31st N. Y., spent a portion of a forenoon at Fort Runyon. Dr. Treat went next day to the city hospital where he performed a similar service. September 3d, Drs. Gould, Samo and Ring, committee, presented resolutions upon the death of Dr. William Treat. This skilful physician, who had been a resident of Buffalo for twenty years, died soon after the last meeting of the association at which he gave an account of his service with the wounded at Fort Runyon.

April 1, 1862—Election of officers. President, James P. White; vice-president, H. M. Congar; secretary, J. F. Miner; treasurer, James B. Samo; librarian, William Gould.

At a meeting held January 6, 1863, Dr. P. H. Strong gave an account of his observations while on duty with the army in the field. He spent most of his time at Frederick, Md., in taking care of the sick and wounded after the battles of South Mountain and Antietam. He said the operations on the field were successfully, many times beautifully, done and that the wounded for the most part did well afterward. This statement applied especially to primary operations. His remarks were reported in full and received the commendation of the members present. At the annual meeting, April 7, 1863, the following-named officers were elected: President, H. M. Congar; vice-president, James B. Samo; secretary, J. F. Miner; treasurer, C. C. Wyckoff; librarian, J. B. Samo; primary board, Sandford Eastman, Henry Nichell, M. Shaw. The committee on fee bill, T. T. Lockwood and James P. White, reported in favor of increasing the fee for visits from one dollar to one dollar and fifty cents, and for office prescriptions from fifty cents to one dollar. This advance the committee affirmed was justified on account of the depreciation of currency and a proportionate rise in the price of the necessaries of life, whereupon the report was adopted.

At a meeting held May 5, 1863, Dr. White presented a specimen of extrauterine pregnancy, sent to him by Dr. Lauderdale, of Geneseo.

In commenting upon the condition Dr. White advocated abdominal section for the purpose of stopping hemorrhage and removing débris from the abdomen, and even before rupture he regarded the operation justifiable and he remarked that some way should be devised for saving women after this accident. Thus early did Dr. White foreshadow the present practice in such cases.

At a meeting of the physicians of Buffalo, held February 12, 1864, resolutions of respect to the memory of Dr. William H. Butler were adopted. Dr. Butler had been on duty as acting assistant surgeon at Armory Square Hospital, Washington, and his colleagues in that service sent a testimonial that was published in the BUFFALO MEDICAL JOURNAL with the proceedings of the meeting.

Annual meeting, April, 1864. Dr. James B. Samo was elected president; William Ring, vice-president; Joseph A. Peters, secretary; T. T. Lockwood, treasurer; T. M. Johnson, librarian.

Annual meeting, April, 1865. Election of officers: President, William Ring: vice-president, William Gould; secretary, Joseph A. Peters; treasurer, C. C. Wyckoff; librarian, James B. Samo.

August 1st. Dr. John S. Trowbridge presented a copy of the tables of measurements of men examined at the local Provost Marshal's office, which he as surgeon had been required to make and file in the Provost Marshal General's office at Washington. December 5th, Dr. Joseph A. Peters resigned the office of secretary and Dr. Thomas M. Johnson was elected to fill the vacancy.

February 6, 1866. Dr. Thomas F. Rochester introduced a resolution that was adopted, urging every member of the profession to attend a meeting February 13th, to take action respecting sanitary measures proper to be instituted for the welfare and protection of the citizens of Buffalo during the ensuing summer. The meeting was held on the date named, a committee appointed to confer with the mayor and board of health on the subject indicated, and an address of instructions sent out to the public.

Annual meeting, April 3, 1866. President, William Gould; vice-president, John S. Trowbridge; secretary, T. M. Johnson; treasurer, T. T. Lockwood; librarian, James B. Samo. July 3d, there were no communications to be read at the meeting, but the propriety of a revision of the constitution and by-laws was discussed. September 4th, the question was brought up in reference to druggists receiving a percentage on physicians' prescriptions, whereupon Dr. Miner expressed the belief that in Buffalo druggists were conducting an honorable business, and that he had not known either a respect-

able druggist to offer, or a physician to accept, such a division of profits. October 2d, Dr. Joshua R. Lothrop presented a paper in which he related a case of an alleged mistake of an apothecary at Lockport in putting up a prescription. Dr. Clark, of Lockport, the prescribing physician, had ordered fluid extract of uva ursa in doses of about twelve drops, but the apothecary put up fluid extract of veratrum viride. After taking two doses the patient was seized with alarming symptoms. Subsequently the patient sued the apothecary and obtained a verdict of $800 damages. The paper of Dr. Lothrop appears in full in the BUFFALO MEDICAL JOURNAL, October, 1866. December 4th,—a discussion was had over the propriety of appointing a member at each meeting to designate a subject for consideration at the next meeting and who should prepare himself to lead in such discussion. Dr. Miner was elected and initiated the course at the next regular meeting.

February 5, 1867. Dr. Miner opened a discussion on surgical remedies—vesicants, rubefacients, setons, issues and the like. Some of the members, among whom were Drs. Congar, Strong and Cronyn, were surprised at the assault Dr. Miner made on some of these time-honored therapeutic measures. Dr. Miner remarked that he did not desire to defend the paper, but preferred to leave the objections to it unanswered.

March 5th. Dr. Rochester reported the fact that he had never seen influenza prevail with so much of an epidemic character as at present, stating that the disease was not confined to children, but that many old people suffered from it and that in many cases it became complicated with pneumonia.

Annual meeting, April, 1867. President, Sandford Eastman; vice-president, Joshua R. Lothrop; secretary, T. M. Johnson; librarian, James B. Samo. May 7th, Dr. Gould, as retiring president, delivered an address in which he referred to the fact that during the ten years preceding, the association had lost nearly one-fourth of its members by death. Their names were as follows: Drs. Bissell, Bryant Burwell, Lewis, Newman, Sprague, Josiah Trowbridge, Treat, Wilcox, Lockwood, Howell and Butler. September 3d, Dr. Gay read a letter from Dr. Hamilton, in which he deprecated the prolonged use of splints in cases of fractures near joints, stating that it was his own custom to begin passive motion as soon as the acute inflammation had subsided, generally as early as the fourteenth day, and to lay aside the splints as soon as they could safely be dispensed with.

December 10th. Dr. Rochester moved that the secretary notify the insurance agents of Buffalo that after January 1, 1868, the fee for a certificate in life insurance as family physician in all cases would be $5, chargeable to the company for whom the examination is made.

January 7, 1868. A resolution was introduced pledging the hearty concurrence of the association in the efforts making to secure the passage of a law in the legislature, that may tend to regulate the study and practice of dentistry and to protect the people of this state from unskilful dental operations.

Annual meeting, April 7, 1868. Election of officers: President, Joshua R. Lothrop; vice-president, T. T. Lockwood; secretary, T. M. Johnson; treasurer, C. F. A. Nichol; librarian, James B. Samo. November 3d, Dr. C. Diehl was elected treasurer to fill the vacancy caused by the resignation of Dr. C. F. A. Nichol.

January 5, 1869. A committee, consisting of J. S. Trowbridge, James P. White, J. R. Lothrop, T. M. Johnson and John Cronyn, was appointed to obtain portraits of the ex-presidents of the association and of deceased members of the profession of Buffalo.

Annual meeting, April 6, 1869. Election of officers: President, Julius F. Miner; vice-president, S. W. Wetmore; secretary, T. M. Johnson; treasurer, C. Diehl; librarian, James B. Samo. May 4th, resolutions introduced by Dr. Miner were passed unanimously, directing that hereafter the fee for examination in life insurance should be $5 when made at the offices of physicians, and $2 additional when the examination is made elsewhere. Also that it should be regarded as a breach of confidence for druggists to renew prescriptions upon which is written "not to be renewed" or any words to that effect. July 6th, Dr. F. W. Abbott read a note that he intended to send to the medical profession announcing himself as a specialist in the practice of ophthalmology. Dr. White remarked that he saw no harm in his having the note forwarded to the members of the county medical society, in which opinion Dr. Miner coincided. July 22d. The death of Dr. Joshua R. Lothrop having occurred on that day it was announced and appropriate memorial resolutions were adopted.

Annual meeting, April 5, 1870. President, S. W. Wetmore; vice-president, T. M. Johnson; secretary, William C. Phelps; treasurer, C. Diehl; librarian, J. B. Samo. On motion of Dr. Rochester the secretary was authorised to procure an album to contain the photographs of the members. The portrait committee was continued, granted further time and empowered to purchase portraits of deceased members when necessary. Dr. White, in discussing a

case presented by Dr. Rochester, said that he wished to bear testimony to the accuracy and acuteness of Dr. Rochester in the diagnosis of diseases of the appendix, of which he had seen many proofs before the present instance.

October 4th. Dr. Milton G. Potter reported five ovariotomies in the practice of Dr. White. Four of these cases recovered and one, which proved to be complicated with malignant disease, died.

March 7, 1871. Dr. White announced the death of Dr. J. Herman Bird, of Sioux City, Ia., formerly a resident of Buffalo. Dr. Rochester moved that Dr. Sandford Eastman, at present residing in California, and Dr. H. P. Babcock, also residing in California, be appointed delegates to the American Medical Association at its annual meeting, to be held at San Francisco, September, 1871. The motion prevailed.

Annual meeting, April, 1871. Election of officers: President, T. M. Johnson; vice-president, John Cronyn; secretary, William C. Phelps; librarian, J. B Samo.

Annual meeting, April 2, 1872. Election of officers: President, John Cronyn; vice-president, John Hauenstein; secretary, Leon F. Harvey; treasurer, B. H. Daggett; librarian, J. B. Samo. In retiring from the presidential chair Dr. T. M. Johnson took occasion to review the sanitary condition of Buffalo. He criticised the defective drainage, the condition of areas, courts, alleys, and streets, and animadverted upon the presence of pig sties, stables, manure heaps and cellars containing water and decaying vegetable matter, the Hamburg canal, which we have always with us, the milk supply and many other subjects of importance, affirming that there had been no annual report of the health physician for eight or ten years. The address attracted the attention of the association, and a committee was appointed, consisting of Drs. Strong, Rochester and Miner, to confer with the health authorities concerning the issuance of an annual report. May 7th, this committee reported that they had succeeded in accomplishing the object for which they were appointed, and asked to be discharged, which was so ordered.

Annual meeting, April 1, 1873. Election of officers: President, John Hauenstein; vice-president, J. N. Brown; secretary, L. F. Harvey; treasurer, J. J. Walsh; librarian, J. B. Samo. Dr. Cronyn remarked in retiring from the chair that he thought a live society ought to have a permanent, comfortable home, a library and hold frequent meetings. It seemed to be the opinion of many of the mem-

bers present, as expressed in their remarks, that the condition of the association was one of apathy and that it was fast approaching desuetude. Dr. Samo remarked that the Society of Natural Sciences appeared to have nearly monopolised the rooms in which the meetings were held, and it would seem as though the association ought to have a room of its own.

Annual meeting, April, 1874. Election of officers: President, James P. White; vice-president, William Gould; secretary, E. R. Barnes; treasurer, J. J. Walsh; librarian, P. H. Strong. May 5th, Dr. White, on assuming the chair, stated that having been absent from the city at the time of the last meeting, when he was elected president, he had missed that opportunity to thank the association for the honor conferred. He had assisted in promoting the interests of the association for more than twenty-five years, and had taken an active part in the proceedings, and in so doing had spent many of the pleasantest hours of his life. After referring to his association with the two Flints, Hamilton, Hunt, Wilcox, Newman and others, he advocated employing a stenographic reporter, who should, under the direction of the secretary make accurate reports of the proceedings. Nothing, he said, contributed more to the success of a society than full and accurate records concerning its work. After some further general remarks concerning the importance of specialties in medicine, the regular order was taken. On motion of Dr. Miner it was ordered that hereafter the minutes be handed by the secretary to the editor of the BUFFALO MEDICAL JOURNAL for publication. November 3d, it was voted that invitations be extended to the members of the medical class at the college who are preparing to graduate at the close of the present lecture course, to be present if they desired at the regular meetings of the association.

February 9, 1875, a special meeting was held, at which there was a large attendance, to consider the prevalent excitement concerning scarlet fever. The President, Dr. White, in announcing the object of the meeting, referred to various methods by which the infection may be carried even to remote places. He cited an instance in which a woman, who had been acting as a nurse in a scarlet fever case at Mendon, where she wore a woolen dress, that she brought safely packed in her trunk, came into the family of Dr. Hunt where she also wore the dress daily. Dr. Hunt's daughter was taken sick with scarlet fever and died, not another case having occurred in the vicinity nor in the city at the time so far as known. A lengthy discussion was held, in which many members participated. A summary

of several points of importance was prepared for publication in the newspapers.

Annual meeting, April, 1875. Election of officers: President, William Gould; vice-president, C. C. Wyckoff; secretary, E. N. Brush; treasurer, Joseph Fowler.

February 1, 1876.—Dr. Henry R. Hopkins read a paper relating to the sanitary authorities of Buffalo, which concluded with a resolution creating a committee of three, to be known as the sanitary committee, whose duty should be to investigate the regulations of the Buffalo health department and all matters pertaining to the sanitary government of the city, to report at the next annual meeting, with such recommendations as might be deemed necessary. The chair appointed Drs. Hopkins, Folwell and Barnes as members of the committee.

Annual meeting, April 4, 1876. Election of officers: President, C. C. Wyckoff; vice-president, E. R. Barnes; secretary, E. N. Brush; treasurer, Joseph Fowler; librarian, J. B. Samo.

Annual meeting, April, 1877. Election of officers: President, E. R. Barnes; vice-president, Thomas Lothrop; secretary, E. N. Brush. July 3d, in the course of the discussion of a paper by Dr. H. R. Hopkins on spontaneous generation, reference was made by Dr. Rochester to Prof. Lister's address on antiseptic surgery at the International Medical Congress, at Philadelphia. Dr. Miner then remarked that surgeons were constantly reporting new methods of dressing and treating wounds claiming wonderful results, yet under each of several plans—namely, the open method, the method of Lister, the hermetically sealed plan, and immersion in hot water, all so different, there were yet substantially the same results obtained. This appears to have been the first discussion of so-called Listerism—antiseptic surgery—by the association.

Annual meeting, April, 1878. Election of officers: President, Thomas Lothrop; vice-president, John Hauenstein; secretary, Joseph Fowler; treasurer, F. E. L. Brecht; librarian, P. H. Strong.

Annual meeting, April, 1879. Election of officers: President, Lucien Howe; vice-president, W. W. Miner; secretary, Joseph Fowler; treasurer, F. E. L. Brecht; librarian, James B. Samo. November 5th, Dr. Rochester read a paper on Pulmonary diseases of elevator employees. This was the first time attention had been thus publicly called to the fact that workers in elevators were especially liable to diseases of the air passages. On motion of Dr. White a committee of five was appointed, consisting of Drs. Rochester,

White, O'Brien, Davidson and Hauenstein, that should take the subject of Dr. Rochester's paper into consideration, enlist public sympathy on behalf of a reform, and if necessary strive to secure legislation on the subject. At this meeting a communication was presented from Mr. J. N. Larned, superintendent of the Buffalo Library, to the effect that the library committee desired to make purchases of books and periodicals serviceable to students and practitioners of medicine, and the opinion of the association was asked concerning the plan as well as instructions requested regarding the selection of books. On motion of Dr. Wyckoff, a committee consisting of Drs. Wyckoff, Rochester, Lothrop, Abbott and Bartlett was appointed to confer with the library committee before mentioned in regard to the choice of medical books.

December 2d, Hon. George W. Clinton read a paper on the subject of malpractice. A large number was in attendance and an interesting discussion followed.

March 2, 1880. A preamble and resolutions, relating to the Hamburg Canal, introduced by Dr. White, was adopted. The purport of the resolutions was to the effect that the common council be urged to take immediate steps toward abating the nuisance. Several persons were present who were not members of the association, among whom were Messrs. E. S. Hawley, P. P. Pratt, and Mr. Young, the city engineer. All these gentlemen concurred with the members in their views concerning the importance of obliterating the Hamburg Canal.

Annual meeting, April 6, 1880. Election of officers: President, Lucien Howe; vice-president, A. H. Briggs; secretary, Dougald Macniel; treasurer, F. E. L. Brecht; librarian, J. B. Samo. Hon. Charles Beckwith read a paper entitled, Testimony of medical experts. September 2d, Dr. William D. Granger read a paper entitled, State regulation of the practice of medicine. On motion of Dr. White a committee was appointed consisting of Drs. Granger, Barker and Keene, to obtain from some competent member of the bar a clear interpretation of the existing registration act. At a meeting held September 7th this committee reported with an opinion from Judge Clinton, whereupon a communication was sent to the Medical Society of the County of Erie, informing it of the opinion of Judge Clinton on the subject of the new medical registration law.

Annual meeting, April 5, 1881. Election of officers: President, A. M. Barker; vice-president, A. K. Davidson; secretary,

Dougald Macniel; treasurer, F. E. L. Brecht; librarian, James B. Samo.

Annual meeting, April, 1882. Election of officers: President, A. R. Davidson; vice-president, John Cronyn; secretary, C. M. Daniels; treasurer, F. E. L. Brecht; librarian, James B. Samo.

July 1, 1882. Dr. A. R. Davidson read a paper entitled, Sewer gas and its dangers. This led to considerable discussion, the members concurring with Dr. Davidson in his views concerning the bearing of sewer gas on public health.

March 6th, 1883. Dr. Julius Pohlman read a paper entitled, Geology in sanitary science, in the course of which he pointed out the relation of soil to drainage and the importance of properly constructed impervious sewers.

Annual meeting, April 3, 1883. Election of officers: President, John Cronyn; vice-president, F. W. Bartlett; secretary, C. M. Daniels; treasurer, F. E. L. Brecht; librarian, J. B. Samo.

Annual meeting, April 1, 1884. Election of officers: President, F. W. Bartlett; vice-president, Charles G. Stockton; secretary, Frederick Peterson; treasurer, F. E. L. Brecht; librarian, James B. Samo. July 15th, a resolution was passed to the effect that the BUFFALO MEDICAL JOURNAL be requested to publish the proceedings of the association regularly and that the secretary be required to transmit to the JOURNAL his record of each meeting. August 5th. A resolution censuring the newspaper press was passed concerning an article that had been printed in one of the morning papers, in which public attention was directed toward the private affairs of two families in the city, and which was criticised as a wanton invasion of the rights of the individual and home.

(*Continued next month.*)

CHRONIC FOLLICULAR PROSTATITIS.

BY CHARLES FERDINAND DURAND, B. A., M. B., Buffalo, N. Y.

THE term prostatitis is often loosely used to denote several different pathological conditions, each of which is characterised by more or less distinctive signs and symptoms. This is the more to be regretted as the treatment beneficial in one of these morbid states may be useless or injurious in another. For this reason the various diseased processes peculiar to the posterior urethra, seminal vesicles

and prostate should be carefully differentiated from each other so that appropriate treatment may be intelligently instituted.

A recent work on genito-urinary diseases treats chronic prostatitis as an entity and states that its symptoms are practically those of posterior urethritis, including frequent and painful urination, deep perineal pain, which radiates to the rectum and scrotum and down the thighs, painful defecation, loss of sexual desire and frequent pollutions.

Now here we have a great variety of symptoms, not one of which is necessarily present in chronic inflammation of the follicles of the prostate. It is true that associated with the follicular inflammation we very often find inflammation of the posterior urethra, ejaculatory ducts, seminal vesicles and ampullæ and frequently a parenchymatous inflammation of the gland, but on the other hand cases of chronic inflammation of the follicles occur uncomplicated by these other morbid conditions. When frequent micturition occurs it indicates not follicular prostatitis, but an irritation of the mucous membrane of the posterior urethra due to inflammation, acid urine or some reflex ; pain deep in the perineum, radiating to rectum, scrotum and thighs, points to a parenchymatous inflammation of the prostate, when vesical calculus is excluded; pain after defecation also indicates a parenchymatous inflammation ; loss of sexual power and frequent pollutions, show that there is disease of the sexual nervous arc, either at center or periphery.

Chronic follicular prostatitis is usually the result of a septic inflammation of the posterior urethra of gonorrheal origin and therefore the signs and symptoms of inflammation of this part of the urethral canal and contiguous structures are often present.

What I wish to point out, however, is that the inflammation may become localised, being confined to the follicles of the prostate and give rise to no symptoms whatever. In these cases the only sign that anything is wrong may be the presence in the urine of prostatic secretion, consisting of epithelial and pus cells, granular phosphates and occasional gonococci, together with more or less mucus. On rectal palpation the prostate may feel normal, but on being subjected to a milking process the contents of the follicles can be expressed. When in sufficient quantity these contents may appear at the meatus subsequent to the massage, or when less in amount they will be found in the urine. The great danger of this class of cases lies in the fact that from the absence of symptoms frequent coitus is indulged in and the gonorrheal disease communicated to others.

As to treatment, deep instillations of nitrate of silver, so frequently beneficial in chronic inflammation of the mucous membrane of the posterior urethra, are here of little or no value, because the solution does not enter the diseased follicles. The treatment that as given the best results in my hands, is massage of the prostate through the rectum and the use of the prostatic dilator and psychrophore. By stretching the prostatic urethra the follicles are emptied of more or less of their contents and the circulation through the gland is improved. The psychrophore, used with cold water, seems to improve the tone and aid in restoring the mucous membrane of the follicles to a healthy condition. Massage through the rectum not only empties the follicles most effectually, but promotes the decongestion and nutrition of the gland.

In employing massage I have found it advantageous to press with the finger first in an upward direction, especially at the lateral borders, of the prostate in order to empty the veins of the prostatic plexus and afterward direct the pressure toward the apex of the gland to empty the follicles. I frequently follow the massage treatment with a jet of cold water, directed against the under surface of the prostate through the rectum. These cases often try the patience of both surgeon and patient, but the treatment outlined above usually proves curative if persisted in.

Progress in Medical Science.

MILITARY SURGERY AT SANTIAGO.

AS OBSERVED BY LIEUT. COL. N. SENN, M.D., U. S. V., CHIEF OF THE OPERATING STAFF IN THE FIELD.

LIEUT. COL. SENN, M. D., U. S. V., chief of operating staff with the army in the field, has published in the *Medical Record* a most interesting article on Recent experiences in military surgery after the battle of Santiago.

This report is particularly apropos coming as it does so close after the innumerable and confusing newspaper articles on the effects of the modern bullet, and it clears up much of the doubt which has existed regarding the action of the Mauser ball used by the Spaniards.

Dr. Senn found that the small jacketed bullet seldom carried into the tissues clothing or other infected substances. Most soft tissue

wounds, uncomplicated by visceral lesions, healed by primary intention in a short time. When infection followed it was usually confined to the superficial portion of the wound; the wound of exit was more frequently affected than the wound of entrance. Wound infection was due to inadequate supply of first dressings; faulty application of first dressings; unnecessary change of dressings.

The evils of "meddlesome surgery" were apparent during the Cuban campaign. Dressings were changed too often and evil results followed frequently.

Bullets imbedded in soft tissues were usually found loose in small cavities filled with liquid blood or bloody serum and with evidences of encapsulation. The new bullet will become encapsulated more readily than the old leaden bullet.

In 10 per cent. of the wounded the bullet was found in the tissues. This was unexpected and was found to be due to the harum-scarum marksmanship of the followers of the flag of fire and blood. The condition of the recovered bullets showed beyond doubt that they were deflected or had passed through a resisting medium before striking the object for which they were intended.

Dissection and the *x*-ray have superseded the probe. The probe was never used on the Relief, the *x*-ray locating the ball. Dr. Senn found the course of the new bullet in the great majority of cases to be straight.

The wounds are classified in the report into, (1) the head; (2) the neck; (3) the spine; (4) the chest; (5) the abdomen; (6) the extremities.

In wounds of the head, death, when not instantaneous, was due to intracranial infection, encephalitis and leptomeningitis constituting the fatal complications. Intracranial inflammation was announced by cerebral hernia.

In spinal wounds death follows serious laceration of the cord. Death is due to septic leptomeningitis or sepsis and exhaustion from decubitus.

In chest wounds the chances of recovery are better now for the reason that the small ball does not carry with it foreign material. Except where the hemorrhage was severe the symptoms were mild. Treatment was by the expectant plan; in no case was the pleural cavity opened.

In abdominal wounds the campaign, he says, has "more than ever confirmed my convictions that not infrequently cases of penetrating

gunshot wounds of the abdomen will recover without active surgical interference."

"For years," says Dr. Senn, "I have maintained, as the result of clinical experience and experiments on the cadaver, that a bullet may pass through the abdomen on a level with and above the umbilicus in an antero-posterior direction without producing visceral injury demanding operative intervention."

Four laparatomies were made at the first division hospital; all died. These were the only cases during the Cuban campaign to Dr. Senn's knowledge.

A number of perforating wounds of the abdomen were on a fair way to recovery without operation before they were sent home on transports.

In wounds of the extremities few primary amputations were made. A number of thigh and leg wounds, which became infected, are being treated by establishing free tubular drainage and resorting to antiseptic irrigation.

Dr. Senn reports a number of very interesting cases illustrative of the various classes of wounds and his latest work is a decided acquisition to surgical literature. His complete report will be valuable indeed to the student of modern surgery.

GENITO-URINARY AND SYPHILITIC DISEASES.

CONDUCTED BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

MOVABLE KIDNEY AND ITS TREATMENT.

MAX EINHORN (*New York Medical Record*, August 13, 1898,) says that floating kidney was known in the middle ages, but its clinical significance was not recognised until this century. Rayer, in 1836, first gave an accurate description of this condition.

In reference to treatment Rayer says: "Experience has shown me that most commonly it is sufficient to support the abdomen by means of a properly applied bandage, in order to cause the disappearance of the pain, due to the movable right kidney, or at best to render it more endurable." Charles J. Horn, in the *Med. Times and Gazette* for January, 1858, said: "This movable condition of the kidneys is not common, but is more so than is generally supposed and must present itself occasionally to most medical men engaged in a large practice. It is more common among women than men and occurs most often upon the right side. The habitual position of a

movable kidney is lower than natural and the kidney may be felt below the costal cartilages, if the abdominal walls are thin and flaccid.

Hare gives the following directions for doing bimanual palpation: "Suppose the right side is to be examined; the patient being laid on the back, with a slight inclination toward the right side, the head and shoulders being raised and the legs somewhat elevated, the observer should stand or sit to the right of the couch, but somewhat facing the patient, and should place the fingers of the left hand on the postero-lumbar region, immediately under the last rib, at the same time gently pressing or pushing forward that part. The ends of the fingers of the right hand should then be placed in front, just below the costal cartilages and there also a slight pressure should be exerted. The lower end of the kidney will probably be felt between the two hands. The patient should next be told to take a deep inspiration and then to expire slowly; the observer should in the meanwhile keep his hands in the same position as before, but, just at the commencement of expiration, should press the fingers of the right hand rather sharply down toward the renal region. He will probably detect a much larger portion of the kidney between the hands than previously; it has been detruded downward by the action of the diaphragm. Sometimes the kidney may thus be retained between the hands, and now and then it may be detruded much lower into the abdomen, but it usually slips away from between the fingers, and is lost for a moment under the liver or in the proper renal region. In other cases, when the mobility is greater, if at the moment of commencing expiration (after a deep inspiration) the right hand be pressed edgewise along the margin of the costal cartilages, and sharply downward toward the renal region, the kidney will very probably glide or slip downward, so that the whole of it will be below the hand—below, that is, the level of the position where its inferior border is usually situated. In other instances, without this manipulation, the kidney is felt as a body so movable that it can be taken up, as it were, through the parieties, and be shifted or pushed to different parts of its own side of the abdomen, or even moved to the front of the spine. The degree of mobility, therefore, varies very much in different cases; it may amount to but a slight departure from the usual tolerably fixed condition of these organs, while, on the other hand, I have met with a case in which the right kidney could readily be moved upward and downward, over a space of between four and five inches and to a considerable extent transversely across the right half of the abdomen."

Hare claims that a well fitting elastic abdominal support gives the most efficient relief, providing that such support does not force the kidney above or below its normal position.

Kepler, of Berlin, in 1879, advised nephrectomy, but a death-rate of 27 per cent. resulted and objections were raised against such a severe and dangerous procedure. In 1881, E. Hahn, proposed fixation or nephrorrhaphy for the cure of movable kidney.

Edibohls perfected the technique of this operation and reported fifty operations. (*Amer. Jour. Med. Sciences*, March and April, 1893).

Landau, of Berlin, opposed any operative interference in this affection.

Glenard, by his masterly work, advanced our knowledge.

Glenard demonstrated that it was not the kidney alone that is displaced downward, but that other abdominal organs became looser and more movable and descended more or less; that descending kidney was one of the concomitants of enteroptosis and falling of the stomach.

The study of enteroptosis enlarged our knowledge of floating kidney. "The surgical treatment of floating kidney has never, and with justice, been relegated to the background; for, as this condition is only one of the concomitant appearances of enteroptosis, very little benefit is derived, as a matter of fact, from a nephrorrhaphy."

Dr. Einhorn reports observations of nearly 500 cases of movable kidney and summarises as follows: A floating kidney is a condition in which the kidney is more or less accessible to palpation. The kidneys are located in the posterior or upper part of the abdomen, partly within the bony walls of the thorax, at the sides of the transverse processes of the vertebræ, the inner margin being about 7.5 c. m. from the median line. They extend from the lower border of the eleventh dorsal vertebra to the lower border of the second lumbar vertebra; they are inaccessible to palpation.

Glenard divides the different degrees of nephroptosis into four divisions. (1) The lower part of the kidney can be felt during inspiration; (2) The greater part can be felt and grasped during inspiration; (3) During deep expiration the upper border of the kidney can be reached; (4) The entire kidney is accessible during deep expiration.

Etiology.—Nephroptosis occurs most frequently in women and most frequently upon the right side. Senator said that oue woman in 171 suffered from floating kidney. Glenard found this anomaly

in one out of every four women. Lindner, one in every six women. According to Kuttner four out of 100 cases occurred in men. Hilbech never met with a palpable left kidney.

Einhorn, out of 1315 cases of digestive disturbances, found 126 floating kidneys, 772 were males with fourteen nephroptoses and 540 women presented 112 cases. One-third of the cases had gastroptosis. Of the 112 women with floating kidneys, five had ptosis of spleen. Enteroptosis occurs oftener with than without nephroptosis.

Causes.—The corset and tight waist bands are recognised causes. Landau and Sultzer allege that labor is responsible for this condition, due to the relaxation that follows child-birth. Rapid emaciation is regarded as a cause of renal displacements. Boequit states that congestion of the kidneys during mensturation is an etiological factor.

Symptoms.—(1) Weight and traction in the abdomen; (2) Palpitation in the epigastrium, due to aortic pulsation; (3) Symptoms are aggravated in the upright position and disappear in the horizontal. (4) Frequent urination, sometimes attended with burning sensation; (5) Pain in sacral region after exertion; (6) Discomfort, usually increased during menstruation and palliated in pregnancy. Most of the gastric and intestinal symptoms are due to concomitant abnormalities. Nephroptosis seldom cause gastric neuroses.

Diagnosis.—To recognise a floating kidney practice palpation as described above. Differentiation between a gall bladder, filled with calculi, a distended section of the intestine or any other abnormal condition is not often a difficult matter.

Treatment.—Rayer, Hare, Glenard and others recommend the abdominal bandage. There are surgeons who question the value of the bandage. Edibohls says it is a poor second to nephrorrhaphy. H. E. Lewis says that nonsurgical treatment has never more than a palliative effect. Extirpation, as proposed by Keppler is discarded. Nephrorrhaphy, as recommended by Hahn and practised by Edibohls, Senn and others is a recognised surgical procedure. Edibohls says the symptoms may be improved by dorsal posture, the Weir-Mitchell treatment, massage, electricity and abdominal bandages; all these measures fail in the vast majority of cases, and even the improvement obtained is transient.

Edibohls also claims as a result of his experience that nephrorrhaphy properly performed, in appropriate cases, always improves and often permanently cures. Lewis is a vigorous advocate of operative treatment. Landau opposes all operative treatment. Huber says: "In reference to the therapeutics of enteroptosis, I would emphasise

that, up to the present time, I have never been induced, owing to the severity of the symptoms or inefficacy of the adopted nonoperative treatment, to refer the patients to the surgeon for the performance of nephrorrhaphy, the most radical treatment which at present still appears admissible. This much can be said, at any rate: that an intelligent application of bandages in connection with an appropriate dietary and medicinal treatment of the gastric symptoms, will, as a rule, be adequate.

Einhorn advises medical treatment and gives the following reasons for his faith: (1) Dietetic, mechanical treatment produces very favorable results, providing that the gastric and intestinal symptoms are relieved by modern methods of treatment and an appropriate bandage is applied; (2) Many cases of floating kidney manifest no symptoms. We incidentally find floating kidney when examining patients suffering from disturbances of the abdominal organs. Digestive disturbances seldom depend upon movable kidney, hence operation to cure the kidney would not cure the gastro-intestinal disturbance. Movable kidney is only one of the manifestations of enteroptosis and anchorage of the kidney would not cure the ptosis of the other organs; (3) Nephrorrhaphy does not relieve the symptoms in the presence of nephroptosis any better than does rational medical treatment. According to Sulzer, the results of operation are unsatisfactory in one third of the cases. In addition to this there is a mortality of 2 per cent. and concomitants of severe and extensive operative procedure Floating kidney is generally associated with ptosis of other abdominal organs, hence nephrorrhaphy does not relieve the gastric and intestinal symptoms. Nephrorrhaphy is rarely justifiable and only when other treatment has failed. The vast majority of patients suffering from floating kidney may be relieved without any surgical intervention.

DURATION OF IMMUNITY AFTER VACCINATION.—According to Jasiewicz, the immunity from vaccination lasts a much shorter time in infants than is generally supposed. A study of the statistics of the subject showed a proportion of 7.35 per cent. out of twenty-three children under six years of age in whom vaccination was successfully performed. The author, therefore, recommends more frequent revaccination in childhood and expresses the opinion that children are also protected from other infectious diseases thereby.—*Jour. de Clin. et Thér de l'Enfants*,—*Universal Med. Jour.*

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

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THE MEDICAL DEPARTMENT OF THE ARMY AND ITS CRITICS.

THE yellowest exhibition of yellow journalism since the advent of this ochre-tinted type of literature has been the recent attacks on the conduct of the medical department of the army in its operations in Cuba.

Intimation of what might be expected was given in the first reports sent out after the battle of El Caney, wherein the medical officers were severely condemned for laxity in not providing immediate relief for the wounded soldiers. And, again, before Santiago the correspondents sent out dismal reports of frightful suffering among the wounded for want of surgical assistance.

All of which goes to show the correspondents were simply stumbling along darkly in the rutty road of journalistic ignorance of medical and surgical matters—an ignorance which is as painful as it is inexcusable in these days of enlightenment, when newspapers of progressive spirit employ Generals as experts to write of military operations, retired admirals to write of and describe naval battles, naval constructors to draw diagrams of sunken battle ships and battle plans of the movements of the steel clad war vessels in action. They do all this and more, they employ eminent divines to write of the ills of the soul; they hire chemists to dig into the secrets of city air and sewage, to turn over and analyse free lunch counters and dirty bank bills; and yet, in all this war, ordinary reporters have had "license full and fancy free" to write of and criticise the medical department of the army; to cast slurs upon hygienic management of camps, hospitals and ships, to condemn methods, men and measures, without knowing the rudi-

ments of medicines or understanding the first principles of surgery or sepsis.

The shame deepens on modern journalism when one reads such paragraphs as these, which are taken from daily New York newspaper reports: "The bullet passed through his skull, tearing great holes on each side, from which brains poured. He was operated on and will recover." "The surgeon cut him open and tore his intestines and stomach out. They sewed these up and washed them off and then sewed up the great wound they had made. ——— lay on the table, which was dripping with blood. He opened his eyes and saw the surgeons watching him, their arms red to the elbows with his life's blood, the table dripping with the same fluid, which gathered in great pools underneath; and he smiled and said 'By ——! you can't kill me!'"

Then came the stories of the alleged mismanagement at Santiago and Siboney and on board the transports, which, stranger still to relate, were taken up by Gen. Shafter and referred to in his report to the war department.

Their appetites whetted by the preliminary reports, the newspapers sent men out to meet the incoming transports, the Seneca, the Concho and others, at New York, and there was thrown on the great screen of publicity some harrowing pen pictures of frightful goings on aboard the transports. Men, wounded unto death, so ran the reports, were packed together like sardines; their wounds were seldom dressed and when they were "the washing was done with salt water," owing to an entire lack of fresh water; surgical dressings occupied no place in the ship's equipment. Such was the tenor of the reports and like evil creatures begat in darkness and ignorance they grew until they became ogres of horror and the newspaper-reading public, thrilled by the heroic achievement of the American forces on land and water, paused in their admiration for the boys in blue to cast reproaches on the men who were placed in charge of the lives of the seamen and soldiers; to cast reproaches on the men who were on the firing line, shoulder to shoulder with the infantry, shoulder to shoulder with the Rough Riders; face to face with the enemy, working, slaving, braving death, fearless of danger, unshrinking, unswerving, unshirking. These are the men on whom reproaches were cast. And in far-away Washington there sat a man with a master mind; a man whose life has been devoted to the study of medicine and its allied sciences; a man whose whole aim and ambition has been to care for the soldiers and care for them properly, whose duty it was to care for the sick and wounded,

even though the wounds and ills were brought about by what are generally termed "military errors of judgment." On this man, the Surgeon-General, Dr. George M. Sternberg, were heaped reproaches until for the sake of the honor of his corps—not for himself, however, for it will be noticed he does not defend himself—he is forced into a defense, and he makes it in that quiet, dignified, manly way which is so characteristic of the man. Regarding his professional qualifications the JOURNAL needs to say but one word, 'Twere like carrying diamonds to Kimberly to refer to an acknowledged leader as an expert.

From Dr. Sternberg's letter to the *Medical Record*, of New York, which strange to say was one of the foremost in the hypercritical crowd, we quote briefly:

The number of medical officers allowed by law is inadequate. The total number is 192, ... This leaves 96 medical officers available for duty with troops in the field. Of these thirty-five have been appointed brigade surgeons of volunteers and are distributed among the various army corps. . . . .

General Shafter's Army, at Tampa, was thoroughly well supplied with the necessary medicines, dressings, etc., for field service, but owing to insufficient transportation he left behind at Tampa his reserve medical supplies and Ambulance Corps. Every one who has read the papers knows about the difficulties encountered in landing supplies at Siboney. As is usual under such circumstances, the fighting men with their guns and the rations necessary for their subsistence were first landed and hurried to the front. The Relief, loaded to her utmost capacity with medical supplies, arrived at Siboney four days after the fight at El Caney. That she was not able to get there sooner was a great disappointment to me, but was no fault of the Medical Department. I asked for a hospital ship in good time, but there was unavoidable delay in securing a suitable vessel and in preparing her for service.

It has not been the expectation of the Medical Department that every wounded man would immediately receive the attention of a surgeon. No modern army makes provision for so large a number of medical officers as this would require. But attached to our Army there is a Corps of noncombatants known as the Hospital Corps, which is the organised and authorised Red Cross Corps of the Army. At the outbreak of the war we had 800 Hospital Corps men in service. At present there are more than 4,000. These men wear a brassard upon the left arm bearing the Red Cross of the Geneva Convention. We have done our best to instruct them in giving first aid to the wounded, and in a majority of cases a first aid dressing properly applied by one of these men is all that is required. All of the surgeons who have come from the front have testified to the remarkable results attained from the prompt application of aseptic dressings by our Hospital Corps men and by the soldiers themselves or their comrades. The proper application of the dressings contained in the first aid packet, which is carried by every soldier, is, under existing regulations, a matter in which every enlisted man has special instruction. . . . .

The first aid dressing is to be put on at or near the firing line, and the men

have usually to be transported to the field hospitals on litters. In this age of aseptic and conservative surgery comparatively little operating is required, and our regular force is ample to attend to this. Moreover, we have men selected for their experience and skill to decide whether operations are necessary and to perform them. . . . .

If there has been any failure to get necessary supplies to Cuba it has been because of the difficulty of securing adequate transportation and of landing supplies through the surf; but we have been constantly importuned to transport Red Cross agents and female nurses to the front. I am informed that many of these so-called nurses had never received any special training to fit them for the duties they were so eager to undertake.

As regards the Seneca, I am informed by Major Torney, in charge of the Hospital Ship Relief, that he transferred forty-two (42) wounded men, most of whom were entirely able to care for themselves, from the Relief to the Seneca, because at that time it was thought our troops would storm Santiago and that a large number would be sent to the hospital ship for treatment. . . . . Two acting assistant surgeons were sent on board with a supply of the most necessary medicines and dressings. . . . . When the medical officers now at the front return home I expect to have full information with reference to the efficiency of the medical service in the vicinity of Santiago, and in the meantime I hope the profession at large will not be so ready to draw inferences unfavorable to the Medical Department of the Army on the basis of reports published in the daily papers as the editor of the *Medical Record* has been.

There is no doubt the medical department was hampered by the failure to move its supplies; but what would these self-same newspapers have had to say if the reverse action had taken place? Suppose the army had been of secondary importance and the medical department and its supplies had been sent to the battle-field first, in order that everything might be ready for the first man who fell. If this had been done the flag of blood and fire would have been floating from the staff where now flies that emblem of succor and mercy, the red cross. There may have been mistakes. It is easy for the non-combatant many, many miles away from the battle-field and ignorant of the topography of the country and the formation or position of the enemy, to tell what he would have done; it is easy for him to pick flaws in the conduct of operations in which half a million men are concerned. Such men are carpers, self-inflated, presumptuous and opinionated. They see no reason why a wounded man should not receive immediate attention; they see no reason why surgeons should have such "soft snaps," forgetting in their inflated conceit that they are living in a peaceful city, where the accidental discharge of a toy revolver would set hearts to thumping with apprehension and fill every window in the neighborhood with a frightened face. And the shame of it all is that these false reports were circulated by newspapermen

who were on the ground and who knew, or should have known that war makes its own laws.

The JOURNAL does not defend Dr. Sternberg or the medical corps for the simple reason that they need no defense. The duty of that department has been well done. The army went ahead and made its conquests. The surgeons went with the soldiers and performed their duty and made their conquests. And to those critics—the stay-at-homes—who are ever ready and over-anxious to rush in where angels fear to tread, the JOURNAL calls attention to this fact:

Among the first Americans to meet death in the Cuban campaign was a medical officer who was doing his duty.

STATE CONTROL OF MIDWIVES.

YELLOW journalism is responsible for a great deal of harm. At the same time it does occasionally accomplish some good. In the midst of war's turmoils one of the exponents of frothy sensationalism in New York city took time to call attention to a great evil which not only exists, but flourishes in this state.

The newspaper referred to secured an interview with Martin Thorn, the murderer of Guldensuppe, a few days before he paid the penalty of his crime in the electric chair, and secured from him some facts regarding the professional career of Mrs. Nack, Thorne's accomplice, which are cruel enough to send a thrill of horror through every right-minded human being. It will suffice for the time being to give a brief résumé of Martin Thorn's statements. He said that Mrs. Nack was a professional abortionist; that her house was full of women all the time under treatment; that the babies were "disposed" of.

"How?" asked the interviewer. "How were they disposed of?"

"Oh! in various ways," answered Thorn.

He then said that when a case was complicated and of unusual seriousness a "regular doctor" was called in, and that if the real inside facts of Mrs. Nack's business were published, together with the names of some of her clients and medical assistants there would be a great sensation in New York city.

These statements were made by a man who stood on the threshold of certain death. They were made seriously, calmly and without any evidence of being inspired by feelings of revenge.

Attention was called during the interview to a trap door in Mrs. Nack's house, leading into a sewer. The kitchen stove was also spoken of in a way that left no doubt in the minds of those who heard the statements that the babies' bodies were burned, and the fragments and ashes thrown through the trap door into the sewer, whence they were swept into the East river and so on to the sea.

These facts in this case, being almost the dying words of a man who was one of the actors in a most barbarous crime, directs attention forcibly to a condition of affairs which, we must admit, obtains in almost every large city in the union—the trafficking in human life by midwives. There are many legitimate midwives who perform their duties conscientiously; but there are others.

There should be a remedy for this. There is a remedy. It may be remedied by placing midwives under state control, the same as physicians.

Why should midwives be exempt from state examination and state license? True, they are now under certificate of examining boards in some counties, but they should be placed under state license which would afford uniformity in standard. Then, and then only will it be possible to weed out the discreditable ones and make more secure a profession which has to deal with two human lives—the mother's and the child's.

THE MOBILE AFFAIR.

THE last great cry of outrage previous to the going to press of this month's issue of the JOURNAL was raised early in the week on the arrival of the transport Mobile. The newspapers were full of accounts of the horrors of the trip and the statement was reiterated that "salt water was used to wash the soldiers' wounds."

When the leading editorial in this issue was written there had been no reports received on the conduct of the Seneca, and Concho transports in response to demands made by yellow journals—newspapers and medical publications—chief among the latter was the *Medical Record* of New York which one week condemned the whole medical department; the next, devoted space to the heroism of the surgeons and flattered the medical corps and then the week following, like the good cow with bad habits, kicked over its pail of milk by again abusing the corps and its chief, Surgeon-General Sternberg.

Since then, however, there has been issued an official statement by the medical department which, in brief, shows that this department

was not responsible for the arrangements for carrying home the troops. This statement is not controverted and places the burden on the war department, especially that division presided over by the Quartermaster-General. This official has issued a personal statement exonerating all officers of his department at this end, and so leaves the matter of responsibility at the door of the Quartermaster officer at Santiago, who was acting directly under Gen. Shafter's orders.

The case of the Mobile, however, seems to have called for immediate action. Complaint was made that the vessel was sent away from Cuba with insufficient supplies and too few medical officers.

President McKinley received a great many letters of complaint, some general, some specific and he immediately ordered an investigation. He placed the matter in the hands of Col. F. B. Hecker, chief of the transportation department, with orders to make a personal report at the earliest possible moment.

IT IS amazing that medical journals in such considerable numbers should follow the lead of the saffron-hued newspapers in their attacks on the management of the army medical department when there is not the slightest justification for such abusive criticism. When it is remembered that we have vanquished a defiant and boastful foe on land and sea, in Orient and Occident, creating and fashioning the tools wherewith to do the work in such a comparatively short time and doing the work with such small aggregate loss, we should rather find occasion for praise than blame of all the staff departments of the army and navy. It is a certain fact that never in the annals of war has so much been accomplished with so little loss in men and material, and in after years when history shall be calmly written it will be found that the medical department of the army, under the leadership of Surgeon-General Sternberg, will be accorded a proud place.

It is not the soldiers that complain, but civilians, unskilled in war and unknown to war's needs. Colonel John Jacob Astor has offered the most lucid explanation of the difficulties surrounding the Santiago campaign in general and of getting medicines and supplies to the sick and wounded in particular. He stands loyally by General Shafter, his chief, and says, according to the *Chicago Record:*

That it was nobody's fault in particular. There were very few boats attached to the transports for landing, the lighters which were to have been used for that purpose having been lost at sea during the voyage from Tampa. With these few boats the soldiers were taken ashore as rapidly as possible. The next thing in

importance was the ammunition and provisions, which were absolutely necessary, and as the men pushed on toward Santiago it required every resource at the command of the quartermasters to supply them with food. For several days they were very short. The roads were impassable for wagons, pack mules were scarce and everybody connected with the quartermaster and commissary departments was working day and night to push forward the ordnance and commissary supplies. They were, therefore, deaf to the clamors of the surgeons, who came ashore without their instruments and medicines, and then had no means of going back for them. As fast as a transport was unloaded it was sent away, in order that another might take its place. In that way, Colonel Astor says, the surgeons and their supplies became separated, but it was not their fault any more than it was the fault of other staff officers. The facilities were very limited, but everybody did the best he could.

IT IS not often that a medical journal receives such courteous recognition from a nonprofessional source as is contained in the following editorial in the *Sunday News* of August 21, 1898. It is written by the editor and owner himself, and we reproduce it entire out of consideration for our associates with an apology for publishing in our own journal such a flattering personal for ourselves:

A PROGRESSIVE MEDICAL JOURNAL.

The BUFFALO MEDICAL JOURNAL is making rapid strides to the front. An effort will now be made to extend its usefulness by giving it a wider and more extensive circulation. So far as mint goes and range of subjects discussed, it equals any medical journal published in this country. The editors are Dr. William Warren Potter and Dr. Thomas Lothrop, both men of high professional standing and great prominence in the world of medicine. Dr. Potter is one of the best-known physicians in the United States. He is president of the state board of medical examiners and an officer in many American associations. To his efforts is largely due the state control of physicians. He has fought misrepresentation and chicanery for years and the present high standard of medical education is largely due to his efforts as an editor and a physician.

Dr. Thomas Lothrop was one of the moving spirits in the University of Niagara's medical department and he established the Woman's hospital at Georgia and Seventh streets. There is a board of associate editors concerned in the conduct of the MEDICAL JOURNAL, composed of Dr. Parmenter, professor of anatomy; Dr. James W. Putnam, professor of nervous diseases, and Dr. Ernest Wende, health commissioner of Buffalo and professor of dermatology in the University of Buffalo, and Dr. A. A. Hubbell, Dr. William C. Krauss and Prof. John Miller, who held professorships in the University of Niagara. By this it will be seen that the BUFFALO MEDICAL JOURNAL is written by men of high professional attainments. A new name appeared in the August number of the JOURNAL, when it was announced that the surgical department would be conducted by Dr. John Parmenter, assisted by Dr. Nelson W. Wilson.

Dr. Wilson, who was for several years before his graduation from the University of Buffalo connected with the editorial staff of the *News*, is a sharp,

terse writer and knows how to make the most unattractive theme interesting to the general reader by the skilful manner in which he handles it.

EVERY Buffalonian is proud of his city and wants to see it become more and more metropolitan in as many directions as possible compatible with good morals, good appearances and good health. There is a limit, however, to the metropolitan aspect of torn-up streets and the Board of Public Works should not overlook the fact that a wholesale ripping up of the streets of a city is not the best thing in the world for good health. The gas companies are the most frequent disturbers of the streets.

The JOURNAL stands for good health for Buffalo and believes that the Board of Public Works should regulate the digging up of streets by corporations. We want to see Buffalo metropolitan, but we want it healthy first of all.

THE death of two men while riding their wheels in one week, as happened in Buffalo during the third week of August, ought to prove a warning to even enthusiastic cyclists. It is true in both the cases mentioned the victims were advanced in years—77 and 61 respectively—and no doubt organic heart changes were taking place, but there was all the more reason why they should have abandoned their wheels on hot days. But it is doubtful if anything in the way of warning, no matter how forceful, will prevail against the excited and unreasoning bicycle devotee.

ARMY AND NAVY NOTES.

THERE is a movement on foot to have assistant surgeons in the navy placed in the rank of lieutenants of the junior grade, which will not only give them a better official standing, but will elevate them socially on ship. As it is now they mess with the petty officers and ensigns, when as a matter of right, justice and position they should be on equal footing with the officers of the line.

They are now on a level with cadets who are just finishing their educations. The qualifications necessary to secure the position of assistant surgeon are such as to entitle that officer and his corps to some consideration. The navy of the United States is a great institution, but it is sadly lacking in discrimination in some things and this is one of them.

SURGEON-GENERAL STERNBERG will, according to a Washington dispatch of August 17, 1898, send out a scientific commission to investigate the causes of typhoid fever in the army camps and report upon a method to prevent such occurrences in the future. The commission will consist of Major Walter Reed, U. S. A.; Major Victor C. Vaughn, division surgeon of volunteers, of the University of Michigan and Major Edward O. Shakespeare, brigade surgeon, U. S. V. The latter, it will be remembered, made an investigation of cholera for the government a few years ago.

SINCE our August edition went to press the following-named Buffalo physicians have been appointed acting assistant-surgeons U. S. Army: Drs. J. H. Grant, J. N. Goltra, Julius Ullman, George W. Pattison, John E. Bacon, Harold W. Cowper, H. H. Bradley, Charles W. Farr, Nelson W. Wilson, W. T. Tanner and Charles A. Andrews. Of these Dr. Ullman has been ordered to Chickamauga Park, Dr. Pattison to Fort Myer, Va., Drs. Goltra and Farr to Porto Rico, Dr. Grant to Fort McPherson, Ga., Drs. Bacon and Bradley to Santiago. We are not advised as to the assignments of the others. The surgeon-general makes contracts with these physicians to terminate at the pleasure of the government at from $100 to $150 a month. Dr. Wm. H. Heath has, it is announced, been appointed brigade surgeon with the rank of major.

COLONEL WILLIAM H. FORWOOD, assistant surgeon-general United States Army, has been placed in charge of the hospital service at Montauk Point. Colonel Forwood appointed Dr. Ira C. Brown, of Buffalo, as executive officer of the Camp Wikoff general hospital, and on Friday, August 19, 1898, Dr. Brown received a commission as major in the volunteer service, in recognition of his services in the aforementioned capacity. Colonel Forwood recommended his promotion to the War Department and so did General Young The result was Dr. Brown's commission, which dates from August 11th.

Major Brown entered the service on July 21st as acting assistant surgeon United States Army and proceeded to Tampa with the understanding that he was going to Cuba, but the necessity for surgeons at Tampa held him there. He was assigned to duty with the cavalry brigade, Fifth Army Corps, and when they broke camp he was transferred to the 6th Cavalry, remaining with that regiment until it reached Montauk. Major Brown is a graduate of the medical school of the University of Buffalo and his home is in this city.

ANOTHER jaundiced exhibition of modern literature within the past month was the publication in Harper's Weekly of a front page cartoon, representing the deck of the Concho, on which were stretched various emaciated and fever-parched forms attired in the rags of the United States Army. Overhead floated the stars and stripes and a flock of foul vultures. Beside the forms on the deck stood Uncle Sam deep in meditation; kneeling at his feet with the regulation outstretched arms which one sees always in Delsarte's representations of the virgin Grecian girl begging for mercy, is Columbia; and she is saying to Uncle Sam that if he does not fix the responsibility for the horror the people will. The whole thing is the product of a war-distorted imagination and the work of a pencil blunted by the license of cartoonery. The picture, its conception and its publication is unworthy of Harper's Weekly, which according to the sub-title is "A Journal of Civilisation."

THE JOURNAL believes Buffalo one of the most healthful spots on the map. Believing so and believing with all good people that the soldiers should be treated in a manner which will result in the greatest good to the greatest number, we suggest that the surgeon-general designate Buffalo and its vicinity as a recuperating station for the soldier boys who have come back from the war ill from exposure to the sun and the rains of Cuba and the forced marches attendant upon the capture of Santiago.

THE removal of typhoid fever patients from the field hospitals to general hospitals in large cities is, in our view, not to be commended. Experience has shown that tent hospitals afford the best facilities for the treatment of soldiers suffering from so-called camp fever—malarial, typhoid and the like. In them there is perfect ventilation without a draught, the air is constantly changing night and day, sifting through the canvas and always remaining pure. And this is a most important factor in the care of such patients. To move them even to the environments of comfortable homes is dangerous, prompted though such proposal be by the kindest motives. A soldier sick with fever should be treated during the activity of the malady in a tent; after convalescence is fully established he may be sent home or to a city hospital to complete the recovery.

MISS HELEN GOULD, who has been very properly called "the good American girl," has added to her numerous contributions to charity

by handing over $25,000 for the relief of the soldiers at Montauk Point. Miss Gould's charity is unostentatious and kindly. She was left an immense fortune and she is putting it where it will do the most good.

TYPHOID fever is increasing among the soldiers at Montauk Point. On August 22d there were 225 cases under treatment and a large number of suspects.

IT IS hard to believe the published reports regarding the refusal of the army officials to permit the Red Cross to install water distilling plants at Montauk Point, even at its own expense.

The need of pure water is apparent at this point, and medical opinion is unquestioned that if a proper water supply had been provided before the advent of the soldiers, the crushing out of typhoid would have been comparatively easy.

MAJOR H. C. BOWEN, surgeon of the second Massachusetts Volunteers is reported to have died at Santiago, August 13, 1898, of typhoid fever.

ACCORDING to official and semi-official reports, which are still subject to revision and correction, the number of officers and men of the army killed in action since the outbreak of hostilities against Spain has been 282 and the number wounded, 1,496, making a total of 1,778. It is probable that additions will be made to the list of killed by subsequent reports. Of course, the casualties occurred principally in the fighting around Santiago, but even there the number was not excessively large, considering the stubbornness of the defense, and the fact that infantry, inadequately supported by artillery, was led against an enemy strongly entrenched. Most of the fighting was with small arms, and few men, in the American army at least, were killed or wounded by shells.

PERSONAL.

DR. JOSEPH MCDOWELL MATHEWS, of Louisville, president of the American Medical Association, has resigned the chair of surgery, including the lectureship on diseases of the rectum, in the Kentucky School of Medicine. Professor Mathews has been appointed to a

similar chair in the Hospital College of Medicine, where his colleagues will be more congenial and his field of usefulness will find an ampler range.

DR. FRANK THORNTON JENKINS, of Buffalo, has opened offices at Niagara Falls, N. Y., where he has taken up his residence for the future. He limits his practice to the treatment of diseases of the nose, throat and ear, for which purpose he has fitted up a handsome suite of offices in the Gluck building, Niagara Falls.

DR. JULIUS ULLMAN, of Buffalo, whose army appointment we have noticed in another column, has been assigned to duty at the Leiter general hospital, Chickamauga, Ga. Dr. Frederick Busch will attend at Dr. Ullman's office, 400 Franklin street, and upon his patients during his absence.

DR. NELSON W. WILSON, of Buffalo, announces the removal of his office from No. 4 Brown Building to No. 155 Seventh street. Hours: 8 to 10 A. M. 1 to 3 and 7 P. M. Telephone, Tupper 169. Residence, No. 153 Seventh street.

DR. LOUISE DOWNER, of Buffalo, has removed from 174 N. Pearl street to the sanitarium at Orchard Park, N. Y., of which she takes charge September 1, 1898.

DR. W. SCOTT RENNER and family, of Buffalo, have returned from a three months' tour in Europe. They were accompanied by Mr. and Mrs. J. W. Diehl.

OBITUARY.

DR. THOMAS M. FLANDRAU, of Rome, N. Y., died at his residence in that city August 8, 1898, aged 72 years. His death was sudden and the immediate cause thereof was apoplexy, though it had been noticed that for the last few years he had begun to show a little of the approaching decrepitude of age. Dr. Flandrau was of French and Irish descent, the founder of the family in America being a French Huguenot who was driven from France in the time of Louis XIV. His mother was Elizabeth Macomb, daughter of Alexander Macomb, formerly of Detroit. Dr. Thomas Macomb Flandrau was born in

New York City, July 8, 1826. He passed his youth in Georgetown, D. C., and was educated in the private schools and academies of Georgetown and Washington. He studied medicine with Dr. Benjamin S. Bohrer and was graduated from the National Medical College,

THOMAS M. FLANDRAU, M. D., 1826-1898.

Washington, in March, 1848. He practised his profession a short time in Georgetown and then removed to his father's home in Whitesboro, Oneida county, but on January 1, 1853, he located at Rome, and for two years was associated with the late Dr. A. B. Blair in the

practice of his profession. In 1856, he moved to Brockport, where he lived nearly six years, returning to Rome in 1862.

Dr. Flandrau was commissioned as surgeon of the 146th Regiment New York Volunteer Infantry, October 10, 1862, and his regiment in less than a month thereafter joined the Army of the Potomac and became a part of the third brigade, second division, fifth army corps. In June, 1864, he was appointed surgeon-in-chief of the division and upon the muster out of his regiment, July, 1865, he was brevetted lieutenant-colonel of United States Volunteers for faithful and meritorious service.

Dr. Flandrau's skill in surgery gave him prominence during his army life and the reputation then obtained lasted him to the end of his years. His wife died suddenly, May 1, 1890, though three children survive: Miss Elizabeth Flandrau and Mrs. H. C. Sutton, of Rome, and Mrs. George Ethridge, of New York. He also leaves one brother, Judge Charles Flandrau, a distinguished citizen of St. Paul, Minn. His son-in-law, Dr. H. C. Sutton, a prominent physician in Rome, was in attendance and ministered unto him in his last moments.

Dr. Flandrau was a man of many accomplishments, a graceful writer, a linguist, courtly in manner, kindly in disposition, skilful in his profession—easily the foremost physician in his region—and a citizen respected by the community in all the various walks of life. He was a member of the several medical societies—local, state, national and international,—and died lamented by a vast acquaintance.

DR. JOHN H. PICKETT, of Elizabeth, N. J., died at his residence in that city August 9, 1898, aged 68 years. He was a native of Buffalo and received his medical degree from the Buffalo University Medical College in 1860. When the civil war came he enlisted as hospital steward in the 49th Regiment New York Volunteer Infantry. He was promoted to be assistant-surgeon, December 16, 1862, and was mustered out with the regiment October 18, 1864. The legislature of New York awarded a medal to Dr. Pickett for noteworthy services at Gettysburg. Soon after the war closed he went to Elizabeth and began the practice of his profession, in which he continued until near his death. He was appointed surgeon of the Central Railroad of New Jersey and was nominated for mayor of Elizabeth in 1884. He was a republican in politics and sustained defeat with his party in that year. He was buried with military honors, conducted by Kil-

patrick Post, G. A. R., of which he was a member. His wife died some years ago and he left no living near relatives.

DR. WILLIAM PEPPER, of Philadelphia, died suddenly of angina pectoris on July 28, 1898, at Mrs. Hearst's country residence near Pleasanton, California, whither he went to recuperate after an unusually laborious winter. His father was a physician and he was born at Philadelphia, August 21, 1843, hence was near 55 years of age. He took his degree in arts at the University of Pennsylvania in 1862 and his degree in medicine in 1864. He became a teacher in his Alma Mater in 1868 and was elected provost thereof in 1881. At the time of his death he held the chair of theory and practice of medicine, but he resigned as provost in 1894, at which time he presented the University with $50,000. He was a member of several medical societies—local, state, national and international,—was president of the first Pan-American Medical Congress, 1893, as well as president of the third, which is to convene in Venezuela two years hence. He was a medical writer of well-known capacity, a teacher of renown, an executive officer of great skill and judgment and a physician whose services were in large demand.

SOCIETY MEETINGS.

OFFICERS OF THE BUFFALO ACADEMY OF MEDICINE.—Session of 1898-1899.—President, Dr. Roswell Park; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Charles S. Jewett; trustees, Dr. B. G. Long (three years), Dr. Marcel Hartwig (two years), Dr. DeLancey Rochester (one year).

The vice-presidents by virtue of being chairmen of the various sections are: Dr. William G. Ring, chairman section on medicine; Dr. John Parmenter, chairman section on surgery; Dr. William G. Taylor, chairman section on obstetrics; Dr. A. L. Benedict, chairman section on pathology.

The council is therefore composed of the aforementioned officers, the president of the academy of the previous year, Dr. Lucien Howe, and the secretaries of the sections, who are: Dr. Fridolin Thoma, secretary section on medicine; Dr. J. Henry Dowd, secretary section on surgery; Dr. N. G. Russell, secretary section on obstetrics; Dr. A. G. Bennett, secretary section on pathology.

PROGRAM, 1898-1899.

September 6th.—Surgery.—Coöperation of physician and surgeon in abdominal cases, A. L. Benedict, M. D. Duties of army medical officers during active campaigning, William Warren Potter, M. D., Brevet Lieut.-Col. U. S. V.

September 13th.—Medicine.—Quarterly meeting of Academy.—Chronic joint affections, commonly called rheumatism, Charles G. Stockton, M. D. Rheumatism of childhood, B. G. Long, M. D.

September 20th.—Pathology.—Subject to be announced, M. V. Ball, M. D., Warren, Pa.

September 27th.—Obstetrics.—Some common mistakes in gynecology, M. D. Mann, M. D.

October 4th.—Surgery.—Concussion of the brain, Roswell Park, M. D. On the use of chloroform in adenoid operation, F. W. Hinkel, M. D.

October 11th.—Medicine.—Cardiac diseases: Subject to be announced, Allen A. Jones, M. D. Remarks on prognosis and cause of death in cardiac diseases, John H. Pryor, M. D. Serious heart disease without rheumatism, A. L. Benedict, M. D.

October 18th.—Pathology.—Devitalised teeth, W. C. Barrett, M. D.

October 25th.—Obstetrics.—Purulent ophthalmia, Lucien Howe, M. D.

November 1st.—Surgery.—Gonorrhea, W. H. Heath, M. D. Surgical kidney, M. Hartwig, M. D.

November 8th.—Medicine.—The pathogeny of an epileptic fit, L. Pierce Clark, M. D., Craig Colony, Sonyea, N. Y. Fränkel's movements in the treatment of locomotor ataxia, William C. Krauss, M. D.; discussion by Floyd S. Crego, M. D., and James W. Putnam, M. D.

November 15th.—Pathology.—Carcinoma of the duodenum, C. D. Aaron, M. D., Detroit, Michigan. Pathology of vertigo, Charles G. Stockton, M. D.

November 22d.—Obstetrics.—Multiple pregnancy, Thomas F. Dwyer, M. D.

December 6th.—Surgery.—Quarterly meeting of Academy.—Subject to be announced, N. Jacobson, M. D., Syracuse, N. Y.

December 13th.—Medicine.—Treatment of cases of pulmonary tuberculosis that cannot leave home, DeLancey Rochester, M. D. Essential asthenia, George N. Jack, M. D., Depew, N. Y.

December 20th.—Pathology.—The tests of renal insufficiency by methylene blue and iodine, Richard C. Cabot, M. D., Boston, Mass. Exhibition of lantern slides of various skin affections, Grover W. Wende, M. D.

December 27th.—Obstetrics.—Subject to be announced, C. C. Frederick, M. D.

January 3d.—Surgery—Burns, scalds and frost bites, A. E. Diehl, M. D. Colles fracture, Edward M. Dooley, M. D.

January 10th. Medicine.—Insanity. Arthur W. Hurd, M. D., Harry A. Wood, M. D., Henry P. Frost, M. D., Helene Kuhlmann, M. D, C. J. Patterson, M. D.

January 17th.—Pathology—The pathology of catarrhal deafness, F. W. Hinkel, M. D.; discussion opened by H. Y. Grant, M. D.

January 24th.—Obstetrics—Subject to be announced, M. A. Crockett, M. D.

February 7th—Surgery.—Incarcerated inguinal hernia, treatment by nonoperative methods, W. C. Phelps, M. D. Treatment of stricture of nasal duct by electricity, B. H. Grove, M. D.

February 14th.—Medicine.—The status of pharmacy today and its possible improvements, Eli H. Long, M. D.; discussion by Allen A. Jones, M. D., Willis G. Gregory, M. D., Mr. George Reimann, Mr. J. A. Lockie, H. C Buswell, M. D, and G. W. York, M. D.

February 21st.—Pathology—Pathology of alcoholism, J. W. Grosvenor, M. D; discussion opened by H. R. Hopkins, M. D. Intraocular tumors, B. H. Grove, M. D.

February 28th.—Obstetrics.—The epoch of maternity and its influence on the mind, William P. Spratling, M. D., Craig Colony, Sonyea, N. Y.

March 7th.—Surgery.—Foreign bodies as ligatures, C. P. Smith, M. D. Subject to be announced, John W. Whitbeck, M. D., Rochester, N. Y.

March 14th—Medicine.—Differentiation of renal diseases, Thomas B Carpenter, M. D. Acute Bright's disease, J. Henry Dowd, M. D Chronic Bright's disease, Albert H. Woehnert, M. D. Primary nephritis (infantile), G. A. Himmelsbach, M. D.

March 21st.—Quarterly meeting of Academy.—Subject to be announced, Frederick Peterson, M. D., New York.

March 28th.—Obstetrics.—Subject to be announced, H. E. Hayd, M. D.

April 4th.—Surgery.—Acute osteo-myelitis, Roswell Park, M. D.

April 11th.—Medicine.—Diseases of the skin, Alfred E. Diehl, M. D., Grover W. Wende, M. D., Frank J. Thornbury, M. D.

April 18th.—Pathology.—Our present knowledge of the inflammatory processes, H. R. Gaylord, M. D. Subject to be announced, Prof. Charles W. Dodge, Rochester, N. Y.

April 25th.—Obstetrics.—Subject to be announced, Charles E. Congdon, M. D.

May 2d.—Surgery.—Subject to be announced.

May 9th.—Medicine.—The use of alcohol in the treatment of diseases, Joseph W. Grosvenor, M. D., Henry R. Hopkins, M. D., A. L. Benedict, M. D., E. L. Frost, M. D., Sydney A. Dunham, M. D.

May 16th.—Pathology.—Pathology and diagnosis of certain spinal diseases, Floyd S. Crego, M. D. Pathology of epilepsy, W. C. Krauss, M. D.

May 23d.—Obstetrics.—Subject to be announced, Stephen Y. Howell, M. D.

June 6th.—Surgery.—Cystitis and urinary infection, J. Henry Dowd, M. D.

June 13th.—Annual meeting of Academy.

June 20th.—Pathology.—Subject to be announced, Herbert M. Hill, Ph. D.

June 27th.—Obstetrics.—Quarterly meeting of Academy.—The umbilical cord, P. W. Van Peyma, M. D. Proper management of an obstetrical case, H. C. Buswell, M. D.

THE New York State Medical Association will hold its next annual meeting in the City of New York, October 18, 19 and 20, 1898. An interesting preliminary program has already been published and the meeting will undoubtedly enjoy its usual success.

THE Medical Association of Central New York will hold its thirty-first annual meeting at Auburn, N. Y., Tuesday, October 18, 1898, under the presidency of Dr. William C. Krauss, of Buffalo. The secretary, Dr. Charles A. Van der Beek, of Rochester, is already in the field with requests for papers. This will be the first meeting of the association in Auburn and the local committee bespeaks a full attendance and promises an occasion of much interest.

THE American Public Health Association will hold its twenty-sixth annual meeting at Ottawa, Canada, September 27-30, 1898, under

the presidency of Prof. Charles A. Lindsley, M. D., of New Haven, Conn. Dr. C. O. Probst, Columbus, O., is the secretary, to whom all communications relating to papers, etc., should be addressed.

THE American Electro-therapeutic Association will hold its next annual meeting at Buffalo, September 13, 14 and 15, 1898, under the presidency of Dr. Charles R. Dickson, of Toronto. Dr. John Gerin, of Albany, is the secretary, to whom communications should be addressed concerning the meeting.

THE Southern Surgical and Gynecological Association will hold its next annual meeting at Memphis, Tenn., Tuesday, Wednesday and Thursday, November 8, 9 and 10, 1898, under the presidency of Dr. Richard Douglas, of Nashville. The secretary, Dr. Wm. E. B. Davis, of Birmingham, Ala., has begun the campaign and the auspices are favorable for an excellent meeting.

MEDICAL COLLEGE AND HOSPITAL NOTES.

WHEN the movement looking to the establishment of a state laboratory for the investigation of cancer was inaugurated, the faculty of the University of Buffalo met with many difficulties and for a time the task seemed a hopeless one. Finally, just when things were darkest, Mr. E. H. Butler, proprietor of the *Buffalo Evening News*, became interested in the project and gave the faculty such assistance and support as to finally attain the object so earnestly desired. In recognition of his assistance the following resolution was passed and in handsomely engrossed form was presented to Mr. Butler:

University of Buffalo. The medical faculty desire to place on record their appreciation of the great service which Edward H. Butler has rendered them by his hearty interest and zealous coöperation in their endeavor to provide for the scientific study of cancer, and hereby extend to him their most sincere and hearty thanks, bespeaking at the same time his continued interest in their efforts.

For the Faculty,

MATTHEW D. MANN, *Dean.*

JULIUS POHLMAN, *Registrar.*

THE seventeenth annual announcement of the New York Post-Graduate Medical School and Hospital, University of the State of New York, for 1898-99 has just been issued. It shows that 523 practi-

tioners of medicine have attended its courses during the past year. They came from the various states of the Union and the Dominion of Canada. There were ten physicians from foreign countries, two of these being from India and one from Japan. Only ninety-six were from the state of New York.

THE Atlanta Medical College and the Southern Medical College, also located at Atlanta, have united, thus forming one strong institution, in the place of two with divided forces. This action is in accordance with the spirit of progression and improvement in medical education, and is to be commended on every hand as tending to strengthen the American medical profession.

THE next course of lectures in the Medical Department of the University of Buffalo will begin September 12th, at 8 o'clock P. M. Dr. Alvin A. Hubbell will deliver the opening address.

Book Reviews.

SYSTEM OF DISEASES OF THE EYE. By American, British, Dutch, French, German and Spanish authors. Edited by WILLIAM F. NORRIS, A. M., M. D., and CHARLES A. OLIVER, A. M., M. D., of Philadelphia. Vol. III. Local Diseases, Glaucoma, Wounds and Injuries, Operations, with 50 full page plates and 186 text illustrations. Octavo. Pages XII.—962. Philadelphia: J. B. Lippincott & Co. 1898.

The third volume of this elaborate work deals with subjects which pertain more directly to clinical ophthalmology than those of the preceding volumes. It embodies local diseases, glaucoma, wounds and injuries, operations, the local diseases, however, not including those of the cornea, crystalline lens and muscles. The latter, among other subjects, are reserved for the fourth and concluding volumes. This volume is considerably larger than the preceding ones and is printed, illustrated and put together in the same excellent style. There are numerous full-page plates, many of which are colored, together with a large number of cuts, all of which are beautifully executed and add greatly to the value of the text.

That the volume is a most important addition to ophthalmological literature is guaranteed by the names of its contributors, including as they do some of the most eminent writers and practitioners in Europe and America. There is some overlapping of subjects, but this is not at all objectionable in such a work as this, as the views of different men of wide experience on a given subject are often desirable. The

proportionate length, detail and character of the articles vary also, some being theoretical, others practical, some historical and bibliographical, others limited to the personal views and practice of the writers. But this, too, is to be expected. Notwithstanding this lack of uniformity and symmetry of the articles, each is excellent in its way and each is authoritative and trustworthy, but some are better than others, according to the standpoint from which they are viewed by the reader.

The first article of the volume is by Charles Stedman Bull, of New York, on Diseases of the orbit, and occupies sixty pages. It includes anomalies of the orbit, lesions of its bony walls, injuries, orbital cellulitis, inflammation of the capsule of Tenon, thrombosis of the orbital veins and cavernous sinus, enophthalmus, pulsating exophthalmos, tumors and diseases of the cavities adjacent to and secondarily involving the orbit. The subjects are treated comprehensibly and in that concise and clear style characteristic of Dr. Bull.

The second and third articles, of 26 and 44 pages respectively, are on Diseases of the eyelids and operations performed upon the eyelids, by George C. Harlan, of Philadelphia, Pa. Dr. Harlan, also clear and concise in his statements, gives an excellent résumé of the diseases which are met with in the eyelids and of the various operations that may be performed upon them. The articles are in some respects rather brief, but this is in keeping with the importance of the subject.

Diseases of the lachrymal apparatus, 40 pages, by Samuel Theobold, of Baltimore, Md., first reviews the anatomy of the lachrymal gland and passages and then describes their diseases. Dr. Theobold has given much study to this subject and handles it familiarly. In overcoming strictures of the nasal ducts, he uses his well-known large probes, and emphasises their superior value by a large and successful experience with them.

The next article, of 82 pages, is on Diseases of the conjunctiva and sclera, by Swan M. Burnett, of Washington, D. C., and is exceedingly practical and valuable. The ground, as regards etiology, pathology and treatment, is well covered and the latest conclusions are introduced. The section on ophthalmia neonatorum is especially important and should be read, not only by ophthalmologists, but by obstetricians as well. We believe that this disease and its frightful consequences could be prevented, almost without exception, if every obstetrician would adopt the practice here recommended.

W. A. Brailey and Sydney Stephenson, of London, Eng., have contributed an excellent article of 80 pages on Diseases of the iris and ciliary body. The descriptions are full and clear and most important topics are discussed. The subjects are considered under the following general heads: The clinical examination of the iris and the ciliary body, inflammation of the iris and the ciliary body, degenerations of the iris, tumors and parasites of the iris and the ciliary body, and disorders of movement of the iris. Were there space, it would be interesting to note the leading points and conclusions of the authors,

but it must suffice to refer to but one. Keratitis punctata is regarded not as a keratitis or iritis, but as a cyclitis, the little dots on the posterior surface of the cornea being deposits which are thrown, as it were, against this surface from the aqueous humor, and which come in the first place from an inflamed ciliary body. This view is undoubtedly correct, but it is at variance with that heretofore held.

The next contribution is by A. Hill Griffith, of Manchester, Eng. It covers 60 pages and deals with Diseases of the choroid and vitreus in a most judicial manner. Some new topics are introduced, and all are discussed in the light of the latest discoveries.

In the space of 18 pages, Isador Schnabel, of Vienna, elaborates a new theory of the anatomy of staphyloma posticum and the relationship of the condition to myopia. He defends most ably the proposition that every posterior conus (staphyloma) is congenital, a malformation and not a consequence of disease; the conus, so small at birth as to be scarcely distinguishable from a ring of normal connective tissue, increasing in size with the eye. The antero-posterior axis, and therefore the refraction, or myopia, increase with it.

Diseases of the retina is a long chapter of 166 pages by Joseph Schöbl, of Prague. All the different forms of retinal diseases are here described in great detail.

Following this article is a comprehensive, though less detailed, discussion of Diseases of the optic nerve, extending over 50 pages, by Johann Deyl, of Prague. It is divided into sections which treat respectively of circulatory and functional disturbances, affecting the papilla of the optic nerve, inflammation of the optic nerve, atrophy of the papilla of the optic nerve and congenital anomalies and tumors of the optic nerve. The two articles may be regarded as a treatise in themselves, worthy of most careful study.

Glaucoma: Pathogenesis, symptoms, course and treatment, is the topic of the next section of the book, 56 pages, and is succinctly described by Priestly Smith, of Birmingham, Eng., who has made it a life-long study. His well-known views on the etiology of glaucoma are set forth, and the treatment of the disease is in accordance with the most experienced practitioners of the present time.

Next we come to Wounds and injuries of the eyeball and its appendages, a subject of extreme practical interest to every practitioner. Emil Gruening, of New York, is one of our most experienced and discriminating American ophthalmologists and he writes as one having authority. In thirty-six pages he gives an excellent résumé of the injuries of the eye, classifying them into those by contusion, by penetration, by penetration with retention of foreign body, and by light, heat and chemical substances. His descriptions are good and the treatment recommended is sound. The part devoted to injuries by penetration with retention of the foreign body is especially to be commended.

Robert Randolph, of Baltimore, gives a very complete review of Sympathetic ophthalmia in 56 pages, dealing with it historically as well as systematically under the heads of definition, etiology,

varieties, symptoms, diagnosis, course, pathogenesis, prognosis and treatment. He devotes considerable attention to the question of pathogenesis and fails to find evidence to corroborate Deutschmann's migratory theory and is unable even to verify his experiments. The various methods of preventing and treating the disease are fully described. The concluding article of the book is somewhat lengthy, occupying as it does 164 pages, and embodies a concise and practical description of operations usually performed in eye surgery by that most skilful and experienced ophthalmic surgeon, Herman Knapp, New York, whose fame as an ophthalmologist is world-wide. All the operations which the author considers most proper in eye-surgery are taken up, the indications for them given and the methods of performing them described, together with the preparations and precautions which should be taken and the results and complications which may follow. Dr. Knapp has managed to compress into this article a vast amount of practical information, and the whole of it is backed by a personal experience which but few men in this department of surgery have acquired. Not every one who studies the methods of operating preferred and executed by Dr. Knapp will adopt them, but all will concede to him an authority which could be accorded to but few in this or any other country. None should fail to learn what this master of our art has to say in this crystallisation of his vast experience and indefatigable study.

Taking the volume as a whole, it is a splendid presentation of the more practical side of ophthalmology, and embodies the latest accepted views and conclusions in pathology, etiology and treatment. Too much cannot be said in its praise. A. A. H.

A TEXT-BOOK ON SURGERY. General, Operative and Mechanical. By JOHN A. WYETH, M. D., Professor of Surgery in and President of the Faculty of the New York Polyclinic Medical School and Hospital; State Surgeon to Mount Sinai Hospital and Consulting Surgeon to St. Elizabeth's Hospital; Member of the New York Pathological Society, of the New York Surgical Society, etc., etc. Third edition, revised and enlarged. Royal octavo, pp. 997. New York: D. Appleton & Co. 1898.

This, the third edition of Dr. Wyeth's very excellent and comprehensive work at first glance is disappointing, though through no fault of the author. In these days of up-to-dativeness one expects progress in book making as in everything else and the very fact that the immense strides made in surgery within the past seven years, or since the second edition of this work was published, have made this enlarged and revised volume necessary, would naturally lead one to expect the publishers to do their share toward keeping up with the onward movement.

The illustrations in this volume are disappointing to the modern student, especially so as he has learned that illustrations are in many cases the most comprehensive portions of later scientific works. There is a befo'-the-war flavor about some of the illustrations in

Wyeth's surgery which stamps them as the handiwork of men who belonged to the wood-cut era of book illustration and which does not go well with the excellence and grace of the text, which has been brought right up to the present moment.

Messrs. D. Appleton & Co. can do better work. They have shown it in their publication of Dr. Kelly's work on gynecology, and the surgery of Dr. Wyeth certainly deserves better illustrations. Really, in looking at some of the figures one can almost see the swamps of the South; one almost expects to see some one of the stricken figures turn wearily and ask from his bed of pain: "What's new from Grant?" so typical of the 1860-70 era are the hang of the clothes, the cut of the hair and the trim of the beard of the figures. True, there are some new illustrations, but they are too few. There are a couple or so of skiagraphic reproductions and there are some very excellent and instructive illustrations in the section devoted to surgery of the stomach and intestines. These illustrations are taken from and credited to Park's System of Surgery.

The body of the work is just exactly what one would expect from the pen of such a past-master of the scalpel as Wyeth and can be made excellent use of by the general practitioner who is liable at any time to be called upon to operate. Wyeth has a faculty of presenting himself and making himself understood, which is rare among latter-day writers. The book is not fitted for the specialist, nor is it apparently intended for him. It is just what it claims to be —a plain, common sense, every-day treatise on surgery, taking in "non-infective and infective inflammations," the process of repair; specific and nonspecific urethritis; the surgical diseases, minor surgery, asepsis and antisepsis; amputations, fractures, surgery of the lymphatics and arteries, surgical diseases of the bones and joints; regional surgery: a brief chapter on deformities and an altogether too brief chapter on tumors.

The chapters on amputations deserve most flattering commendation. The methods and manners and procedures are presented in a way which is instructive and entertaining and the illustrations do credit to this portion of the book at least. Dr. Wyeth has described the various amputating operations so carefully and in so masterly a manner that a practitioner who erred after a careful study of the work could hardly be excused.

The field of general surgery has been amply covered within the past five years in the numerous volumes published. Park just about cleaned up everything in sight and made general works unnecessary when he published his system. The bent in surgical literature from now on should be monographical; special works on special subjects in surgery, dealing with but one subject between the two book covers and dealing with that one thoroughly. There are enough systems of surgery now published to keep the world informed for many years to come. There may be some new methods discovered, some new operations devised; but to make them the basis of a system of surgery would necessitate the rewriting of some one else's system and a

resultant literary hash, which no matter how highly seasoned would, nevertheless, be hash, even though it were topped with a new idea.

N. W. W.

DISEASES OF WOMEN: A Clinical Guide to their Diagnosis and Treatment. By G. ERNEST HERMAN, M. B., Lond., F. R. C. P., Obstetric Physician to and Lecturer on Midwifery at the London Hospital; Consulting Physician-Accoucheur to the Tower Hamlets Dispensary; Examiner in Midwifery to the Universities of London and Oxford, etc., etc. Octavo, pp. 886. Illustrated. New York: William Wood & Company. 1898.

It is a singular fact that, no matter how many treatises there may be on diseases of women, there always seems to be room for another, especially if it be written by a man with ample clinical experience, as is the case with the present author. Herman has upset the usual methods by writing of the different diseases, first according to their symptoms, instead of anatomically. This renders the book especially attractive to students and general practitioners of medicine, for whom it appears more especially to have been written.

The author's opening chapters are interesting, dealing as they do with pain, hysteria and headaches, but his methods of investigations are not as attractive as most teachers of recent writing. Especially is the chapter short and poorly illustrated, whereas to make a work of this kind appeal to would-be purchasers, the subject should be elaborately dealt with and profusely illustrated.

The work is divided into eleven parts and the foregoing remarks pertain to the principal features in the first section, which contains seven chapters. The second part, comprising seven chapters, is devoted to the consideration of chronic pelvic pain, which is one of the most important subjects in the whole range of gynecology, because it relates to the commoner ills for which women come daily to the consulting room. The noninflammatory conditions are here dealt with in a most practical way. In the next part pelvic inflammations are taken up, such as peritonitis, general or circumscribed, abscesses and the like. The author adheres to the old terms, perimetritis and parametritis—a nomenclature now somewhat obsolete in this country, but he makes his definitions so clear that there can be no mistaking the condition to which he applies these terms.

The fourth part, consisting of two chapters, treats of internal hemorrhage. In the first chapter, under the head of great internal hemorrhage, Herman deals with extrauterine pregnancy and for this as well as for all forms of severe bleeding he advises opening of the abdoman, in order to find the lesion and to deal with it surely and safely. This is the only sound teaching that can be offered on this subject. Hemorrhages of less severe nature are considered in the next part—the fifth—such as pertain to new growths, malignant or benign, and that relating to every pregnancy. This latter usually belongs to the department of obstetrics, but as many of the procedures for its relief are really gynecological there seems to be some reason for introducing it here. At all events it is admirably considered, showing the author to be well equipped in both branches.

In the next several parts the following-named conditions are respectively considered: in part six, leucorrhea; in part seven, disorders of the vulva; in part eight, disorders of menstruation; in part nine, disorders of the sexual functions; in part ten, disorders of parts adjacent to the sexual organs and in part eleven, abdominal tumors. All these subjects are clearly and ably handled. The author throws additional light upon some of these phases, and taken altogether the work is a most instructive and beautiful addition to the literature of gynecology.

The author's style is epigrammatic—sometimes dogmatic—but he writes because he has something to say and he stops after he has said it. The book is well printed, but its illustrations are not up to the present standard of American treatises on gynecology. The book is so practical that it must easily find its way to the library of progressive men and to the college list of text-books.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume II. Eighth series. 1898. Octavo, pp. xii.—366. Philadelphia: J. B. Lippincott Co. 1898.

The subjects considered in this number are drugs and remedial agents; treatment: medicine; neurology; surgery; gynecology and obstetrics; ophthalmology; laryngology; dermatology. One of the most interesting lectures is by James K. Young, of Philadelphia, on the Treatment of functional and lateral curvature of the spine. It is illustrated by eleven well-taken half-tones, demonstrating the author's mode of treatment. Another lecture of special interest is by J. F. Schamberg, of Philadelphia, entitled, Baldness, its varieties, causes and treatment. This lecture, too, is well illustrated and reflects credit upon its author. The other subjects average about as usual in this series, some being excellent and others mediocre. The book is better illustrated than common and makes a creditable addition to the series.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL SOCIETY. Tenth Annual Meeting, held at St. Louis, Mo., November 9, 10 and 11, 1897. William E. B. Davis, M. D., Secretary. Published by the Association. 1898.

True to its traditions this progressive association has again published an admirable book, full of instructive papers, that are amplified by strong and intelligent discussions. In these respects the associa-

tion excels and the only wonder is that it does not reach its limit in the direction named. Each year, however, its transactions grow better and stronger and the present volume may be justly pronounced the best it has ever issued.

The president, Dr. George Ben Johnston, chose for the subject of his address The prevalence of specialism and who shall be specialists. It is needless to add that it received scholarly and forceful treatment at the hands of this accomplished physician. Then follows a series of papers embracing a wide range of surgical and gynecological subjects by some of the most prominent men throughout the South. The next president is Dr. Richard Douglas, of Nashville, and Memphis was selected as the place of meeting on the second Tuesday of November, 1898. The book is handsomely printed and bound, and the work of an experienced and tireless secretary is shown everywhere between its covers.

DAY DREAMS OF A DOCTOR. By C. BARLOW, M. D. Duodecimo, pp. 251. Buffalo, N. Y.: The Peter Paul Book Company. 1898.

Dr. Barlow has not written a book which will take a high place in literature. He is not an Oliver Wendell Holmes, or a Weir Mitchell, but he has written a book which will interest the physician in that it sets forth more or less accurately the universal experience of the medical man. It will be read, however, with even greater pleasure by the patient than by his physician.

The author draws exact, yet not too technical, two pictures of the work of the surgeon, the bacteriologist, the alienist and other medical specialists, not forgetting the general practitioner. His views on patent medicines and charlatanism generally, which are those of the medical profession at large, are expressed without rancor, yet in such a way as to expose to the layman who reads the folly of all quackery. The book, indeed, is an excellent little work on hygiene, so sugar-coated that the reader will hardly notice that he is taking a pill. One would accuse the author of irony in the chapter on woman were it not for the thread of romance running through the reveries in which the lady doctor figures as heroine, meeting at last the fate which, alas! so often overtakes the woman physician in real life.

The binding of the book is neat, the paper and typography excellent, but the illustrations are atrocious. M. J. F.

A MANUAL OF HYGIENE AND SANITATION. By SENECA EGBERT, A. M., M. D., Professor of Hygiene in the Medico-Chirurgical College of Philadelphia. In one 12mo volume of 360 pages, with 63 engravings. Philadelphia and New York: Lea Brothers & Co. 1898.

This author has constructed his work on different lines from those on which hygiene and sanitation are usually treated. After an introductory chapter he takes up in order bacteriology, the atmosphere, ventilation and heating, water, food, stimulants and beverages, per-

sonal hygiene, school hygiene, disinfection and quarantine, removal and disposal of sewage, vital statistics, and examination of air, water and food, devoting a chapter to the consideration of each.

As the author very properly asserts in his preface the science is too great and too important to be treated in a single volume, hence his aim has been to construct a book that students and others may use as an adjunct to further and more extensive reading.

Egbert has handled his subject in a scientific manner, but has not made it over-technical. A few illustrations serve to develop special points and its convenient size, as well as moderate price, commend it to undergraduate and postgraduate students.

SANITARY ENGINEERING. By WM. PAUL GERHARD, C. E., Consulting Engineer for Sanitary Works, Member of the American Public Health Association, etc. Duodecimo. New York: Published by the Author, 36 Union Square East. 1898.

This book deals with a comparatively new branch of civil engineering—one made necessary by the advent of that other comparatively new branch of preventive medicine, sanitary science. It is charmingly written and the subject is dealt with in a masterful manner. We wish that every person in the City of Buffalo who has to do in any way with the cleaning of our streets from the mayor down to the inspectors was obliged to read carefully what this author says under the head of street cleaning. One sentence deserves to be pondered by the street railway officials. It reads as follows: "Street railroad companies, after using the snow plow to clear their tracks, should by city ordinance be required to remove that portion which they pile up outside the tracks." What say you to that, Mr. Watson? We have nothing but praise for this little brochure and it should be in the hands of every city official as well as every sanitarian.

TRANSACTIONS OF THE NINETEENTH ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION, held at Washington, D. C., May 4, 5 and 6, 1897. HENRY L. SWAIN, M. D., Secretary. New York: D. Appleton & Company. 1898.

The American Laryngological Association is one of the oldest and best of our national special societies and its annual volume of transactions always contains the most modern exposition of laryngological science. The present book deals with the technique of removing nasal growths and correcting deformities in an intelligent manner, several authors having presented papers relating to these subjects. Again, nasal and throat disease amenable to treatment, apart from surgery, are also set forth with skill; especially is laryngeal phthisis an important disease of this class and its management always becomes a matter of great interest. Dr. Charles H. Knight, of New York, was president at this meeting and his knowledge and skill in this department of medicine made itself felt in the excellence of the papers and good discussions. Every laryngologist should possess these annual volumes.

ATLAS OF METHODS OF CLINICAL INVESTIGATION, with an Epitomé of Clinical Diagnosis and of Special Pathology and Treatment of Internal Diseases. By DR. CHRISTFRIED JAKOB, of Erlangen. Edited by AUGUSTUS A. ESHNER, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Duodecimo, 259. Illustrated. Philadelphia: W. B. Saunders. 1898.

This is one of the most helpful handbooks that has lately been sent out to the profession. The plates are exceptionally good, those relating to the blood ranking on the superb order. Everything that contributes to accuracy in diagnosis should be welcomed by the general practitioner of medicine and in this book he will find much to aid him in the direction named. The drawings are of a nature to even teach more than the text, but the latter is all-sufficient to elaborate the former. We commend the book to student and practitioner.

BOOKS RECEIVED.

A Guide to the Clinical Examination of the Blood for Diagnostic Purposes. By Richard C. Cabot, M. D. With colored plates and engravings. Third revised edition. Octavo, pp. 462. Price, $3.25. New York: William Wood & Co. 1898.

A Text-book upon the Pathogenic Bacteria for Students of Medicine and Physicians. By Joseph McFarland, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia, etc., etc. Octavo, pp. 497. Price, $2.50 net. With 134 illustrations. Second edition, revised and enlarged. Philadelphia: W. B. Saunders. 1898.

Lectures on Tumors. By John B. Hamilton, M. D., LL. D., Professor of Surgery, Rush Medical College and Chicago Polyclinic; Surgeon to Presbyterian Hospital, etc., etc. Third edition. Illustrated. Price, $1.25 net. Philadelphia: P. Blakiston's Son & Co. 1898.

Transactions of the Medical Association of Central New York. Thirtieth annual meeting held at Buffalo, N. Y., October 19, 1897. Charles A. Van der Beek, M. D., Secretary. Volume IV. Buffalo Medical Journal Print. 1898.

Proceedings of the Tenth Annual Session of the Association of American Anatomists. Held at Cornell University, Ithaca, December 28–30, 1897. D. S. Lamb, M. D., Secretary.

A Manual of Surgery. For Students and Practitioners. By William Rose, M. B., B. S. Lond., F. R. C. S., and Albert Carless, M. S. Lond., F. R. C. S. One volume, 8vo, of 1,162 pages, very profusely illustrated by wood engravings. Extra muslin, $5.00 net; leather, $5.75 net. New York: William Wood & Co. 1898.

Handbook for the Hospital Corps of the U. S. Army and State Military Forces. By Charles Smart, Deputy Surgeon-General U. S. A. Approved by the Surgeon-General of the Army. Second revised edition. 12mo, 358 pages, illustrated. Blue muslin, $2.25 net. New York: William Wood & Co. 1898.

Wounds in War; the Mechanism of Their Production and Their Treatment. By Surgeon-Colonel W. F. Stevenson, Professor of Military Surgery, Army Medical School, Netley, England. One volume of 588 pages, 8vo, profusely illustrated. Muslin, $4.00 net. New York: William Wood & Co. 1898.

A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Chicago Medical College, Chicago. In one octavo volume of 632 pages, with 422 engravings, of which 47 are in colors, and two colored plates. Cloth, $5.00 net; leather, $6.00 net. New York and Philadelphia: Lea Brothers & Co. 1898.

Tropical Diseases. A Manual of the Diseases of Warm Climates. By Patrick Manson, M. D., LL. D. (Aberd.), London. One volume of 625 pages, 12mo, illustrated by 88 wood engravings and two colored plates. Muslin, $3.50 net. New York: William Wood & Co. 1898.

A Manual of General Pathology for Students and Practitioners. By Walter Sydney Lazarus-Barlow, M. D., M. R. C. P., late Demonstrator of Pathology in the University of Cambridge, etc. Octavo, pp. XI.-795. Price, $5.00, net. Philadelphia; P. Blakiston's Son & Co. 1898.

Text-Book of Medical Jurisprudence and Toxicology. By John J. Reese, M. D., late Professor of the Principles and Practice of Medical Jurisprudence in the University of Pennsylvania. Fifth edition, revised and enlarged by Henry Leffmann, M. D., Pathological Chemist, Jefferson Medical College Hospital, Chemist State Board of Health, Professor of Chemistry, Woman's Medical College of Pennsylvania, etc. 640 pages. Cloth, $3.00; sheep, $3.50. Philadelphia, P. Blakiston's Son & Co. 1898.

Manual of the Diseases of Children. By John Madison Taylor, A. M., M. D., Professor of Diseases of Children, Philadelphia Polyclinic; Assistant Physician to the Children's Hospital and to the Orthopedic Hospital; Consulting Physician to the Elwyn and the Vineland Training Schools for Feeble-Minded Children; Neurologist to the Howard Hospital, etc.; and William H. Wells, M. D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; late Assistant Demonstrator of Clinical Obstetrics and Diseases of Infancy in Jefferson Medical College. With 60 illustrations. 650 pages. Price, $4.00 net. Philadelphia: P. Blakiston's Son & Co. 1898.

Handbook of Materia Medica for Trained Nurses, including sections on Therapeutics and Toxicology, and a Glossary of Terms, with Dose and Use of Each Drug. By John E. Groff, Ph. G., Apothecary in the Rhode Island Hospital, Providence. 12mo, pp. 243. Price, $1.25 net. Philadelphia: P. Blakiston's Son & Co. 1898.

LITERARY NOTES.

THE Maltine Company, of New York, have recently issued an interesting pamphlet entitled, Surgeons-general of the United States Navy, Series I. It contains portraits of these officers who served from September, 1842, to February, 1877. It is probable that the next series will present pictures of the remainder who have filled this important office. These brochures are especially acceptable at this period and can be obtained by addressing the publishers.

MR. WILLIAM WHITFORD, of Chicago, an accomplished stenographer and the official reporter for several state and national medical societies, has published an interesting little brochure, reprinted from the *Phonographic Magazine*, entitled Defective hearing or mishearing in its relation to shorthand writing. It is a scholarly paper and contains many useful hints to public speakers and debaters who desire to be correctly reported. Among the example of mistakes we may note the following: The speaker said "foramen ovale." It was

reported "foreman of the valley." We would advise all medical debaters to send to Mr. Whitford for his interesting and instructive reprint.

NATURE AND ART is the title of a little brochure issued by Dr. W. R. Hayden, of Bedford Springs, Mass. It contains among other illustrations a picture of the Sweetwater Spring House. The Bedford Springs are famous for their beneficial effects on many conditions in which such treatment is indicated. Dr. Hayden is the well-known president of the New York Pharmaceutical Company, manufacturers of Hayden's viburnum compound, a preparation that has been well known to the profession for the past thirty years. The Sweetwater Spring is located in Hayden Park, Bedford Springs, and is only seventeen miles from Boston and can be reached several times daily by the Boston & Maine railroad.

ITEMS.

COMMENTING upon the fact that Prof. Behring has succeeded recently in obtaining in this country a patent upon diphtheria antitoxin and that all firms that have been engaged in the manufacture of this highly useful therapeutic agent have been served with a notice to discontinue their work in that direction, the *Maryland Medical Journal* very justly remarks as follows: "Physicians, unlike business men, will calmly submit to almost any indignity, because they are too apathetic to act, but it is a pleasure to see that the reputable firms in this country which have invested large sums in valuable plants for making this serum have agreed to fight the Behring patent, and it is the duty of the profession of the United States to throw their weight with these firms and to use their products as long as they are found to be worth using."

A RECENT order issued from the headquarters of the First Division, Third Corps, at Chickamauga Park, is of more than usual interest because it shows the efforts being made in at least one command to give soldiers thorough instruction in hygiene. Sometime ago, says the *Buffalo Express*, the surgeon-general gave Lieut.-Col. Charles Smart full authority to endeavor to carry out the reform. Col. Smart prepared a manual, which is entitled, How to keep well. The general

order referred to directs that, for the purpose of instruction in this manual, company commanders divide their companies into squads, with a noncommissioned officer in charge of each and that this officer be required to assemble his men at regular intervals, instruct them in the manual and afterwards quiz the soldiers on the information given. This process is to be continued until every man in the division understands the rules laid down by Col. Smart. In connection with this plan for instruction a special diet kitchen has been established at the First Division Hospital. When more of these kitchens have been put in operation it is expected that from them general supervision will be exercised over the company kitchens. This dietary movement is the work of a woman, Mrs. John L. Hogan, who certainly deserves praise for the practical character of her plans. Whatever contributions may be made to this service should be in the form of money and should be sent to the surgeon-general.

THE FIRST NATHAN LEWIS HATFIELD PRIZE FOR ORIGINAL RESEARCH IN MEDICINE. —The College of Physicians of Philadelphia announces through its committee that the sum of $500 will be awarded to the author of the best essay in competition for the above prize.

Subject: A pathological and clinical study of the Thymus gland and its relation. Essays must be submitted on or before January 1, 1900. Each essay must be typewritten, designated by a motto or device and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers or their agents within one year, and reserves the right not to make an award if no essay submitted is considered worthy of the prize.

The treatment of the subject must, in accordance with the conditions of the Trust, embody original observations, or researches or original deductions. The competition shall be open to members of the medical profession and men of science in the United States. The original of the successful essay shall become the property of the College of Physicians. The trustees shall have full control of the publication of the memorial essay. It shall be published in the transactions of the college and also when expedient as a separate issue. Address J. C. Wilson, M. D., Chairman, College of Physicians, 219 South Thirteenth street, Philadelphia, Pa.

THE PURIFICATION OF SANTIAGO.—Whatever may truthfully be placed to the discredit of Gen. Ben Butler during his military rule of New Orleans (*Cleveland Medical Gazette*), it will always be remembered to his credit that he found the city dirty and left it clean; he found it the chosen home of yellow fever and he banished the pestilence. He showed the way and successive municipal administrations have walked in it ever since, to the great gain of the city in health, reputation and prosperity. What was done in New Orleans under the rigor of military administration can be done in Santiago through similar authority and probably with less harshness. Santiago is unspeakably filthy, not simply as the result of war conditions, but from generations, centuries of neglect of the most ordinary sanitary precautions.—*Cleveland Plain Dealer.*

THE DIFFICULTIES OF THE BRITISH ARMY MEDICAL OFFICER.—A correspondent signing himself P. O., writing to the *Indian Lancet* for July 1st on the Future of the army medical staff, says: The concession of military titles is an item of their claim; but they have other needs than this. Lord Landsdowne cannot really think that he has done all that is necessary when he abolishes the designation which connects medical men with the profession to which they have the honor to belong. The rates of pay and allowances are none too liberal—a veterinary lieutenant is more highly paid than a surgeon lieutenant—while the treatment to which medical officers are subjected in regard to changes of station is little less than scandalous. The tour of service is now running a short two years at home as against a long five years' abroad; and what is worse, during the home tour there is no fixity of tenure. A surgeon may be in Ireland one week, in Scotland the next, and perhaps in the south of England before the month is out. If he should be married, as he generally is, and takes and furnishes a house, as he often weakly does, it almost surely follows that he is ordered off somewhere else at a few days' notice. All this is bad enough for him, but it may be even worse for his patients. The other day, in a garrison town, an officer had measles in his family. The family were attended by five different medical officers during six successive days, and if the children got well it was because the captain who was their father—albeit he was a captain without being equally a medical man—doctored them himself. What medical officers most need is considerate and reasonable treatment from headquarters and considerate and reasonable treatment from those with whom they live in daily association.—*New York Medical Journal.*

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Original Communications.

MUNICIPAL RESTRICTION OF DISEASE.[1]

By ERNEST WENDE, M. D., Buffalo, N. Y.

Professor of dermatology, Medical Department, University of Buffalo, and Health Commissioner of the City of Buffalo.

IT IS more than eighteen hundred years ago since there was a set of men who "thought they ought to be heard for their much speaking." As they have propagated exceedingly since that time, and as I observe that they flourish just now to a surprising extent everywhere, I will do my best to avoid adding to that prolific race.

You will remember in Paul Clifford that that very sagacious person August Tomlinson said "Life is short and why should speeches be long?" An aphorism so sensible under all circumstances, and particularly in the circumstance in which I am placed, I shall practically adopt on the present occasion. Therefore, no time need be occupied in rehearsing before this audience the necessity of municipal action against contagious diseases and other adjunct factors that imperil the well-being of the community. Such diseases and factors are of vital concern to every public body, to every individual and to every household as a household and in proportion as it is appreciated so in proportion an enlightened public demands for itself as high a degree of protection as may be attained, without contesting its humane significance and civilising influence.

If contagious diseases are preventable, why do they continue to exist? Why not prevented? Why not diminished with the progress of sanitary science and civilisation? In reply largely because of the apathy, ignorance and unconsciousness on the part of the public of what may befall them, and because of the indifference, mismanagement and conflicting interests on the part of the local health authorities in

1. Read before the Quarter-Centennial Celebration of the Michigan State Board of Health and the Conference of State and Provincial Boards of Health of North America, Detroit, Mich., August 10, 1898.

combatting infection. Until the laity better appreciate the benefits resulting from a willing and intelligent obedience to Nature's laws of how to live and avoid disease, until they recognise the fact that without their assistance, the efforts of the sanitarian to control contagion and to blot out sickness, sorrow and suffering, are of little avail, but little radical improvement can be brought about.

Then, what is necessary to consummate such an end? (1) The education of the masses in all that pertains to public hygiene, to enlist their coöperation against carelessness and disregard in the application of laws or principles for the preservation of health in whatever way they may be employed. (2) Municipal equipment and organisation to carry out modern sanitation, to be of such intelligence and activity as to make it a blessing to the people and creditable to a progressive city. (3) Strict ordinances, rules and regulations, the execution of which should be arbitrary, prompt and impartial. (4) Laws obtained from the legislature of the state giving plenary powers to the health authorities in matters of municipal sanitation.

What should the ordinances embody? (1) A complete classification of the recognised infectious diseases, with a specific definition of the same, for legal guidance and vindication of public rights. (2) Mandatory notification on the part of the physician or householder, through the public telephone system, immediately upon discovery of any contagious malady specified by law, for the action of the municipal health officer. (3) The placarding of infectious houses as signals of danger, for public warning. (4) Isolation at home and prohibition from school attendance, from exposure in public places, or from any other aid in spreading contagion, also the rigid enforcement of quarantine when indicated, in order to secure the full benefit of isolation. (5) The proper removal and reception of infected persons, when necessary, to a suitable hospital. (6) Compulsory vaccination and revaccination for self-protection and for the benefit of others. The failure to provide and enforce this safeguard against small-pox, to allow its work of death and disfigurement unimpeded is maliciously wicked and criminally neglectful. (7) The sanitary disposition of the dead from infectious and pestilential diseases. (8) Thorough cleansing and disinfection of the infected house and its contents under municipal direction, and the destruction of bedding, clothing and other articles exposed to infection, also the prohibition of throwing any infectious material or rubbish into any receptacle for the deposit of refuse without previous disinfection. (9) Supervision over the erection of all tenement and lodging houses, to insure a standard amount of light, ventilation,

plumbing, cubic air space and other hygienic features and by systematic inspection to so maintain them. (10) School-house inspection by medical inspectors, with power to regulate and advise concerning school-room sanitation, plumbing, sanitary propositions, personal hygiene, exercise and physical culture, contagious diseases and the like. (11) The creation of small parks in connection with public schools, thus affording suitable school environment, ample play-ground, breathing space in the crowded district, and a corresponding beneficial influence upon the developmental period of youth and childhood. (12) Thorough inspection of food products, of dairies and cows and prohibition of the sale of infected milk. (13) The establishment of free public baths, to be located in the manufacturing centers and in sections where the poor predominate. Frequent baths are invigorating tonics, which restrict disease, promote health, morality and self-respect. (14) An enactment to furnish labor for the unemployed poor "who, through neglect, are allowed to become sick, a public charge and hence a double expense," as industry gives force and vigor to life, conduces to health and contentment, which means municipal economy. (15) The establishing of a bacteriological laboratory in furnishing available assistance in the diagnosis of diphtheria, tuberculosis and typhoid fever, and in assisting us to form a rational idea respecting disinfection, isolation and the prevention and cure of diseases generally. (16) A systematic dissemination of detailed directions and hygienic rules for the special needs of unsanitary features and conditions of any kind or nature, and their application judiciously insisted upon. (17) Rigid enforcement of the penalties for violation of all sanitary laws, and especially those relating to infectious diseases and their control. (18) Regulations and rules defining the relation of the medical practitioner to the medical officer of health, regarding their respective duties to infectious diseases. (19) Qualifications of the highest grade in medical officers of health who should possess technical education, tact, firmness and fearlessness, and who should be selected on account of fitness. The municipality should not be exposed to an unnecessary risk by politics. It should override it. (20) Arrangement for keeping the health department open on every day in the year, and at all hours—day and night—to receive reports of infectious diseases so that no time may be lost in taking such immediate action as the emergency demands.

The scope of this paper precludes the consideration of each proposition in detail. However, as a type for the purpose of elucidation and demonstrating the phases in the development of measures adopted

for the restriction of diseases in Buffalo, the three maladies—diphtheria, as representing the contagious and infectious; tuberculosis, combining contagion with heredity; infantile diarrhea, as illustrating the diatetic and hygienic, will best serve the object.

Diphtheria.—The nature of diphtheria, its possibilities and long recognition has attracted the efforts of the sanitarian and physician, so that today the most glorious triumphs in the reduction of mortality has been achieved by the employment of preventive measures. Thus based upon our present sanitary knowledge, we combat it upon the subjoined principles. (*a*) That it is a contagious, virulent malady, capable of enormous injury and dependent upon a specific organism, resident in the throat or other locality attacked. (*b*) That under certain procedures, if possible to carry forth to a successful end, it could practically be stamped out.

The group of acute infectious diseases, of which diphtheria is a representative, demands and should receive the most aggressive action. While ever present, its limitations has step by step progressed, been circumscribed, and this has been and can be accomplished in communities upon the following lines:

First and most important, the prompt recognition of the true nature of the malady. No affection has been the subject of more difference of opinion in diagnosis by the rank and file of practitioners. In many cases, pending the correct diagnosis of the disease, great havoc has been wrought, while, on the contrary, the enormous assumption of its existence has entailed anxiety, economic damage, and worse, either a distrust of correct diagnosis or apathy toward its possibilities.

With the possibilities of accurate diagnosis by bacteriological tests, it is now incumbent upon all properly protected municipalities to have in operation and quickly available, the resources of an effective laboratory that, without delay, the profession can confirm or dismiss cases in doubt. The value of this method is now no longer questioned by the most extreme practitioner, and to a progressively enlightened public, interested in sanitary matters, acquiescence in it is accomplished, if not demanded by the public at large.

The system in vogue in Buffalo represents what is believed to be as practical and stringent as circumstances will permit. It is obligatory upon physicians to report to the department of health (at all times) by telephone, which is free of expense to them, each case of diphtheria immediately upon discovery as it comes under their notice. At least twenty-four hours is saved by the telephone and

notification of the public by placarding the house is accomplished just so much sooner than reporting to the department by mail; thus possibility of further spread of the disease is materially reduced. If doubt as to the nature of the malady exists, the physician has at his command, in all sections of the city, the resources of the laboratory and a report within twenty-four hours. This procedure is made more available by the coöperation of the police department. In each police station of the city, culture tubes and swabs, compactly put up in a small box, with printed directions for inoculating, so simple that a novice is capable of following them, can be had by any physician. The culture outfit contains a blank to be filled out by the physician, furnishing the laboratory with the name of the patient, address, duration of disease, location of membrane and such other information as the department records require for a full knowledge of the case. Through this same channel the culture outfits are returned to the health department, passed upon and within twenty-four hours or less, the medical man is furnished with a diagnosis of his case and the house placarded if necessary, without further cognisance on his part. Through this system of coöperation between the police and health departments the service is kept entirely under municipal control and rapidity and freedom from error made definite. The placard is maintained until a bacteriological examination demonstrates the absence of the diphtheria bacilli.

The placarding of the house for the public information is immediately followed by a visit from a sanitary inspector who institutes such other sanitary measures as seem indicated. A detailed report upon the premises is presented by the inspector, including all such features as defective plumbing, unhygienic surroundings, possible source of the infection, together with such recommendations as, in his judgment, the conditions demand; the department immediately ordering rectification of all sanitary defects. Further aggressive action is instituted following the inspector's report, notably notification of school principals of all cases occurring in their districts and thus interdicting school attendance by pupils from quarantined houses, and notification of public libraries that the circulation of infected books may be prevented.

The source of milk is also noted and the possibility of this medium as the infectious channel considered. On account of the importance of the milk supply as a possible source of infection, a special ledger is preserved in the department office, detailing each milk dealer's route, families supplied, source from which milk is obtained and such other

data as may be necessary. This ledger is posted daily and thus the healthfulness of the families supplied by each individual dealer is constantly watched. As soon as it appears that on the route of any milk-dealer infectious disease exists, an immediate investigation is made into every detail of this business, source of supply and conditions existing there; when, if justification appears to exist or even a doubt, his route is suspended until it can be made absolute that his is not the source of danger. Furthermore, the dealers are not allowed to leave at, or remove from, an infected household any milk receptacle, neither can a milk-dealer fill a milk bottle on his wagon. The feature of the milk-dealer's routes and contagious disease supervision cannot be too strongly commended. It has demonstrated its importance several times in Buffalo in ascertaining and determining that to be the source of infection and made possible the arrest of several rapidly spreading epidemics, notably of scarlet and typhoid fever.

In addition to the above, each placarded household is furnished with a circular printed in the language of the occupants, setting forth the nature of the disease in question, laws pertaining to quarantine and instructions for the care of the sick, disinfection of excreta and detailed instructions to prevent further spread of the disease.

The feature of municipal placarding is the one mostly complained of on the part of the infected household, and one which in many cases determines dishonesty on the part of the attending physician and is a frequent source of much trouble to those concerned. The external evidence of the internal infection is thoroughly appreciated by those for whom benefit is intended, and almost as thoroughly objected to by those within. More particularly is this feature in evidence when placarding interferes with business, as when it occurs in connection with a store, or where other children in a household have to suspend their school life and practically be quarantined within. These are cogent reasons to the average family and when the moral sense of the physician is elastic and the interests of the household itself made supreme, concealment is attempted, often successfully, and the objects of sanitation defeated. So much injury or loss to small stores has occurred, so much resentment at interruption of routine household work has been occasioned, that in certain sections of the city it was, at one time, equivalent to loss of practice for a medical man to diagnosticate and announce diphtheria. Thus, unfortunate conflict between interest and sense of duty has been in evidence in house placarding for all contagious diseases and it is to be regretted that there appears to be no feasible way at present to exact official action

in interdicting it. In many cases of this character, the health department has been able to detect and punish in court such violations of law, through complaint or information furnished by an interested neighborhood. This is not, however, to be construed as evidence of a high sense of duty, but rather as an illustration of the dependence upon the question of "whose ox is being gored."

The features of bacteriological laboratory assistance, house placarding, expert sanitary house inspections and investigations, surveillance of milk routes and supplies are of supreme importance and efficiency. Each has its difficulties, but, notwithstanding, they are insisted upon and enforced. To the efficiency of enforcement the limitations of the contagious diseases have been narrowed and epidemic visitations made a matter of history. If to the factors enumerated could be added a system of compulsory official and municipal disinfection, it would almost appear that extermination of acute contagious diseases was in sight. It is remarkable that municipal equipment for municipal disinfection, the most cogent of measures, should yet be subsidiary.

To disinfect as now practised in most communities is a matter of department recognition carried out under the directions of the physician, with such implied efficiency as only the personal factors admit. Disinfection, to be efficient, should be obligatory, arbitrary, made by those specially trained and by up-to-date equipments and applied with intimate thoroughness of knowledge regarding the various agents and their particular use and indications in individual cases. The Department of Health should supervise the disinfection, see that contagion is annihilated and a public record maintained of such inspection and disinfection. From such record, data should be available for the real estate interests, for the public and for house hunters.

What is more pitiable, and, yes, more preventable, than the possibility of a family of little ones moving into a dwelling, perchance to be the victims of a pestilential infection? Medical men are but too familiar with instances of this character and its results.

We have to consider next the most formidable foe of the human race—tuberculosis--and one presenting propositions as difficult as important. A notable feature pertaining to it, and beyond question, is its prevalence amongst lower animals. No disease equals its fatality nor attacks so many of them. Domestic animals only vary in susceptibility and those escaping under natural conditions promptly respond and succumb when inoculated. Its communicability and identity in man and the lower animals, its enormous mortality and the methods

of dissemination, with equally accurate knowledge as to the methods which could restrict its prevalence, directs criticism to what is largely left undone by the state, whose attitude in general is one of negligence or indifference.

The cause of this apathy need not detain us; it is explainable by lack of knowledge, experience, conflicting interest, sentiment and the like. In some sections, partial efforts have been and are made, yet the essential of success—uniform and systematic procedure—is lacking and until this is obtained, without considering the question of the ways and means, compensation and the like, the state which should be, if anything, prodigal in its expenditure for life and health, should maintain the following: (1) Quarantine against the introduction of tubercular cattle. This should be as rigid as that against any pestilential disease in man. Security against foreign invasion circumscribes the conditions and concentrates aggressive action at home. (2) Milk herds and dairy interests should be under strict surveillance and preferably under the license system. No dairyman should be permitted to engage in supplying milk without first obtaining a state license to do so, which should only be issued after inspection. Such inspection should include physical examination of the herds and the use of tuberculin test, together with consideration of all sanitary features bearing upon the animals and protection of milk. Buildings should be adapted to the business, the employees free from disease; care of animals, food, water, details of cleanliness, transportation features, and in fact all procedures, should be scrutinised and maintained up to a high standard of sanitary excellence. (3) No beast should be used for food without satisfactory evidence of its being free from disease. In cities, the public abbatoir system should prevail. The advantages of this are well known. It directs and concentrates the slaughter industry, permits inspection of all animals before killing and of the carcass and viscera after, and practically can be made to preclude the possibility of the consumption of unfit meat.

Of the transmission of tuberculosis by meat or the degree to which the flesh of tubercular cattle is fit for use there is some honest difference of opinion. There can be no question, however, that when the infection is more or less general and the animal in poor condition that such meat should be interdicted.

Literature pertaining to sanitary matters and particularly in the premises under consideration, should be freely extended until those to whom directed can know that sanitary excellence is to their highest advantage and interest.

With exclusion from without and extermination within, with a sanitary standard of sanitary excellence, mandatory, and all that it implies, one prolific source of infection is within reach of state action.

In the absence of such a protection as outlined and of jurisdiction, the Department of Health of Buffalo has adopted, under my direction, a scrutiny, incomplete as it may be, which briefly is as follows:

A record is kept of the conditions that prevail at each dairy supplying the city with milk. This information is obtained solely by inquiry, but has been found generally reliable. It includes data of the size, health, tuberculin examination of the herds, character of the water, food, health and employees, methods of milking, cooling, cleansing, transportation, in fact all factors bearing upon the purity and protection of the milk. Additionally, circulars are caused to be sent, bearing upon the possibilities, and the like, of the business. When conditions at the dairy appear prejudicial to the public health from any cause, investigation is made and correction requested.

In the absence of authority beyond the municipal limits, when action for any cause appears necessary for unsanitary reasons, for failure to comply with the department's request, the product of such dairy is interdicted at the city line and the dealer to whom consigned notified, until such time as the offense is removed.

With this mode of procedure and its results, any city can exercise a large influence upon dairies supplying it, exclude milk from known tubercular herds and obtain sanitary protection beyond its own field of authority.

With brief reference to this recognised source of tubercular infection and the outline of action toward its destruction, the more difficult and the more important question of how to deal with the tubercular consumptive presents itself. The consumptive being dangerous, largely from his habits, to those who incur danger from ignorance or necessity in these directions, sanitary knowledge is more cogently indicated. The personal element, the chronic nature of the malady; sentiment, social, religious, economic commercial bearing, all exercise and influence and create a public opinion that prohibits a course of procedure toward it that is directed toward other contagions. It, therefore, is left us to enforce what we can and thus far and in no mean degree bring about such good results as is possible.

Reporting by physicians and registration by the health department of all consumptives, their residences and other facts is reasonable, proper and practical, and permits such action by the authorities, with the coöperation of the physician, as can be exerted. By this

registration it is possible to cause the dissemination of information of vital interest for the protection of the family and the public. It is needless to specify; briefly, it should relate to the disposition of the sputa, disinfection and should reach those for whom intended through the physicians in attendance, who can adapt, modify and secure the greatest efficiency with the least offense to the individual and household. It permits proper recording, and every health department should, from such registration, maintain a register of all homes, dwellings and the like subject to such infection, record its duration and date of satisfactory disinfection. Such register should be available to the public and those contemplating a change of house, for their guidance and protection, and it should, by ordinance, be incumbent upon owner or lessee to institute thorough disinfection under heavy penalty.

The disgusting nuisance of indiscriminate expectoration in street cars, streets and public places should be prohibited by law and made more efficient by creating public sentiment against it. The difficulty of enforcing such an ordinance is apparent, therefore the necessity of a strong public coöperation.

Hotels, boarding, tenement and lodging-houses should have special information and modes of procedure supplied them, that will enable them to adopt the principles of prevention or minimising the possibility of infection to the peculiarities of their business.

The street car conductors should enforce the company's rules regarding spitting upon the car floors with vigor, and every car floor should be properly cleaned with suitable disinfecting fluids. Cuspidors in public places should contain a disinfecting solution. Employees in crowded places, as factories, workshops and similar places should be subject to physical surveillance and offending cases weeded out. Sanitary rules regarding cubic air space, rules regulating expectoration, all cogent in the extreme, should be enforced.

If it is indicated to prevent the introduction into the state of tubercular cattle, so much more is it important to exclude all persons suffering from tuberculosis pulmonalis. To this end, then, entrance should be interdicted and uniformity of action in all sections of the country aimed at.

The emigration of tubercular patients in the breaking-down stage should be interdicted or discouraged, not only on account of the futility of it in the majority of cases, but from the fact of their disseminating contagion. No action toward the extinction of tuberculosis in com-

munities would be complete if it did not take cognisance of the factors bearing upon those predisposed.

With this object, the broad field of general attitude to the health and physical development of the young, particularly in the crowded district, should receive careful attention. This implies supervision of crowded dwellings and placing them upon a healthful standard, school hygiene and calisthenics, public parks and the well-known details too numerous to mention. Attention is likewise necessitated to penal institutions and the like, where, under the influence of crowding, sedentary life and mental depression, this malady is prone to develop.

Public hospitals should have isolation wards and not be permitted to segregate the tubercular in wards with other medical cases. Preferably, hospitals for the special care of this class of patients should be provided and equipped with the particular features necessitated by the peculiarities of the malady and the moral of the patient.

The establishment of state hospitals for consumptives is now receiving the attention its importance demands. In Germany these institutions have been in successful operation for years. Massachusetts is about opening the first in this country and will be followed by one in New York State at an early day. There is every reason why the state should extend its humanitarian action towards this scourge as towards lunacy.

Tuberculosis among the poor is disastrous in its results, bringing untold misery to families and pauperism to the state. One source of infection frequently overlooked is the possibility of disseminating sickness through the dealers of second-hand clothing and household effects. Every large city has many of these establishments and without doubt they are frequently the receptacle of cast-off clothing, bedding and the like, from infected households. While, perhaps, difficult in every case to control this condition of affairs as at present, there can be no doubt it would be a wise procedure to supervise this traffic by ordinance and license.

Diarrhea.—The diarrheal diseases of infancy prevail with large mortality among all infants, but particularly among the poor, and are justly classified as preventable diseases, as they are due to toxic bacteria. The appreciation of this fact determines the action of health officials toward the prevention of food contamination the source of infection, inasmuch as these maladies are in the main limited tc children who have not the advantage of breast milk.

In searching for removable causes of milk infection, none seems more cogent than the so-called long-tube nursing bottle. It is likely well known to all, and consists of the usual form of bottle with the addition of a rubber tube one foot and over in length ending in a nipple, the adaptation being made to permit self-feeding on the part of the child, thus obviating the necessity of an attendant, a device for a lazy mother or nurse who is unfitted for her sacred trust.

Investigation has shown an enormous proportion of diarrheal diseases in children artificially fed and using this form of contrivance not found with the use of others. This explanation is found in the fact that it is impossible to keep this tubing clean or safe. The mother, usually uneducated in the premises, cannot, by scalding or washing, maintain the inner surface of the tubing in condition so as not to contaminate the milk drawn through it.

I have conducted a series of experiments and investigations in the matter, the details of which I need not detain you with, the result of which, briefly, may be summarised as follows: The inner surfaces of these tubes are found to be irregular, present porosities and the seams are frequently imperfect. These indentations become the rendezvous of colonies of microörganisms, which thrive on the milk which stagnates in them and which cannot be dislodged by any ordinary process of cleansing. As a result of this condition, milk, receptive of infection by nature, aided by artificial warmth, becomes an easy media for the development of toxins.

At my suggestion the City of Buffalo has, by ordinance, prohibited the sale and use of these death-dealing bottles, though not without incurring the animus of certain commercial interests which have combined and are arrayed to combat the ordinance. It is needless to say that the profession has, without question, given its hearty support to the stand taken by the department and that the issue will be carried to a finish. If ordinances created to correct so patent a cause of infantile mortality can be set aside for commercial reasons, health laws in the future will have small chances for their existence.

Municipal protection of the milk industry constitutes a large and most important agent in diminishing the cause of infantile mortality. To secure this end, city milk houses should answer to the following principal requirements: (1) Proper light, air and ventilation. (2) Constructed of nonabsorbent material. (3) Without direct communication to sleeping apartments, water closets or any unsanitary room. (4) Use for milk storage solely. (5) Storage and cooling boxes metallic lined, elevated and placed to permit thorough cleansing. (6)

Sanitary plumbing, outside box ventilation, indirect drainage. (7) Sanitary rules posted conspicuously pertaining to cans and protection of milk. (8) Prohibition of the use of disinfectants—any necessity for their use implying unsanitary condition. (9) Prohibiting the leaving of bottles or receiving the same from any house placarded for contagious diseases and prohibiting milkmen from refilling or filling bottles on wagons or while en route.

The elimination of pernicious influences upon diarrheal diseases of infancy by maintaining a high degree of excellence in all that bears upon it would be incomplete without the coöperation of mothers in carrying out in the home-life the principles of infant hygiene. To secure this to the household containing a newborn child, the Buffalo Department of Health furnishes a circular of information, covering the essential points which mothers should observe in the care and management of the infant. That this may reach and have its influence upon all classes, the matter is printed in several languages, is couched in simple words and the directions given plainly and practical.

Such circulars of instruction should, and, in Buffalo, include the following: (1) Directions for bathing and cleanliness, for properly dressing and changing the infant. (2) Directions for sleep, regulating the hours and urgently warning against the use of sleeping drops, cordials and the like. (3) Directions for securing abundance of fresh air, suitable hours for airing the child and the importance of avoiding the devitalising effects of the heat within doors and without. (4) Directions for simple household hygiene, as regards ventilation, dampness, odors, and the like. (5) Directions, in detail, for feeding, weening, various artificial foods. The preservation and sterilisation of milk, methods of cleaning and keeping clean feeding bottles, utensils and the like. The selection of proper feeding bottles and condemnation of the long-tube design. (6) The symptoms readily recognised by mothers necessitating medical attendance and the evidence of normal digestion.

It is gratifying to know that these circulars are appreciated among the poorer classes, are lived up to as much as possible and have a salutary influence in the premises.

The principles involved in the subject under consideration have of necessity been but referred to and are intended as suggestive and to bring out the views and experiences of those among you who have given these matters much thought. The field is a most inviting one and it is through such exchange of views as is possible here that

present action and procedures can be fortified and new ones made operative.

Sanitary science has been and is so progressive that any action that will proportionately annihilate the various contagions will redound to the happiness and welfare of the community and the honor of our art.

471 DELAWARE AVENUE.

PARANOIA.

BY ROSS GEORGE LOOP, M. D., Buffalo, N. Y.,
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OF THE various forms of mental derangement, due to disease of the brain, there is perhaps none more interesting than that variously known as monomania, primary delusional insanity or paranoia. The term paranoia is derived from two Greek words *Παρά* and *Νόος*, meaning beside the mind, and is defined as a mental disease, characterised by systematised delusions, in which heredity usually plays an important rôle. The main fundamental characteristic of the disease is a delusion, which becomes part of the belief of the individual and which he considers himself able to explain and defend.

This disease is more rarely met with than is either mania or melancholia, and differs quite radically from them in most of its manifestations. The systematised delusions, which are the essential features of the condition, may be either expansive or hypochondriacal in character, or both may be present in the same patient at different times. As these delusions of persecution and grandeur form neither a part of, nor of necessity follow other abnormal mental conditions, the term primary delusional insanity perhaps best comprehends the mental state which it is intended to designate. The intellect is rarely much involved and this class of patients were formerly included under the head of the partially insane. They are dangerous to be at large, owing to their peculiar delusions and apparent rationality. "They have in themselves a law sufficient unto themselves."

Etiology. — Paranoia is a neurosis in which the element of heredity is very marked. A predisposition to the disease is usually born with the individual. There is often a history of insanity or at least of a nervous temperament in one or both parents. Maternal impressions, malformations of the skull, injuries to the skull, infan-

tile convulsions or delirium, diseases of childhood, such as meningitis, over-study in children all predispose to the acquired form, which may manifest itself in early life or adolescence. It is also often associated with the period of puberty, adolescence and the climacteric, while masturbation and systemic diseases predispose to the development of the condition. It occurs more frequently in females, celibates and especially those born out of wedlock. It comes especially under the class of degenerative diseases. The stigmata of degeneration, such as asymmetry of the skull, irregularities of the jaw, palate, nose, ears and eyes, are quite frequently but not invariably present.

Paranoia exists in two forms, viz.: the primary or Wahnsinn and the secondary or Verrücktheit and several sub-divisions, such as the ambitious, religious, querulent, erotic and the like are made.

Morbid Anatomy.—The pathological anatomy is not well understood. There seems to exist a morbid sensitiveness of the cerebro-spinal system.

Symptomatology.—I. Wahnsinn—This form of paranoia comes on quite suddenly, the delusions and hallucinations being rapidly combined and associated with strong effects. There is usually considerable mental excitement and delusions of depression are interspersed with those of exaltation, thus simulating mania circulaire, these periods not being so definite, however, as in the latter-named disease. The depressing delusions resemble also melancholia, but the patient does not on their account suffer mentally; he never despairs; he anticipates and considers escape from the persecutions as possible, if only the right methods are employed.

The more violent and characteristic symptoms are usually preceded by a longer or shorter period of insomnia and irritability, during which the patient may draw unpleasant conclusions from ordinary perceptions. Following this prodromal stage, delusions of persecution become dominant. He grows suspicious of his friends and relatives; while outwardly friendly and attentive, they are really plotting to do him injury; he hears people making remarks about him on the street; he is suffering unjustly; he is always right and no one can explain any falsely-interpreted remarks or noises to him. There may be long periods of terror and systematised delusions and hallucinations with now and then a period of interruption, not, however, due to exhaustion, as in mania. The patient sleeps well, and is well nourished and may be quite rational, except in regard to his delusions.

Those cases characterised by delusions of grandeur are chiefly religious. The patient is inspired. He sees heavenly visions and hears revelations. He may have exalted delusions regarding his physical development and be fond of appearing in public in gaudy attire.

The prognosis of Wahnsinn is unfavorable. The symptoms may subside, but the improvement is frequently of only temporary duration and often terminates in confusion or dementia.

Treatment.—In this form of paranoia, sedatives such as the bromides—sulphonal or trional—and nonstimulating tonics are indicated.

The prolonged use of iron is highly recommended. A well-regulated diet and exercise are also essential. Isolation is best when illusions exist and company where hallucinations are prominent. In prolonged cases animal extracts are said to be very valuable.

II. Verrücktheit.—In this form of paranoia, delusions of persecution and grandeur, usually with hallucinations, are carefully and slowly combined into a progressive delusional system. There is almost always an hereditary taint and the stigmata of degeneration are frequently noticeable. It usually runs an unfavorable course. There is a permanent and profound change in personality, but consciousness remains unaffected. In childhood there is manifested an unnatural love of solitude and interest in the subjective rather than the objective. At puberty this tendency to seclusion continues and distrust and suspicion develop. "Long before recognised as actual lunatics they are styled 'cranks.'"

Delusions of exaltation and depression are noticed, although concepts are rationally combined in so far as they are not opposed to the dominant delusions. The delusions and hallucinations have not yet obtained convincing reality to the patient, who tries to overcome them by reasoning, but with only temporary success, thus showing the loss of the power of criticism. Real misfortunes do not affect him and he attributes them to their proper causes. Retrospection and combination of past events with fresh impressions is noticed, thus forming a chain of occurrences all going to prove to the satisfaction of the patient the persecutions to which he is subjected. Auditory hallucinations also develop. The patient hears depreciating remarks about himself; he is mocked and insulted by the people on the street. Generally, he does not know his enemies and makes no effort to find them out, thus showing his failing judgment. He is threatened on every hand and at last attempts to escape by going to

some remote part of the country. This usually gives but temporary relief, as his enemies soon get on his track again and renew their plots against him. Thus he may travel from place to place, hoping to evade his tormenters, and at last, despairing of this, he may become less reticent and timid and may even speak to his persecutors about their inimical conduct. He may then become more secluded than ever. He locks his doors and windows; stops the keyholes; cooks his own food, and, in short, shuts himself away from the world as much as possible. But escape seems impossible—his enemies read his thoughts and he hears them spoken almost before they are formed. At length he appeals to the civil authorities for protection, and this failing, he naturally concludes that they are in league with his persecutors.

Hallucinations regarding their physical condition are common. The patient may declare that his brain or spinal cord have been torn out; he has pain in the viscera, and the like. There are also hallucinations of the special senses. The air is full of disagreeable odors and the food tastes like excreta. Hallucinations of vision are less common. Delusions of grandeur may develop primarily or as a result of those of persecution. He may conclude that the general attention and observation to which he imagines himself subjected is due to his greatness. He now experiences new sensations of magnetic currents in his body. He awakens to a new life and may suddenly announce that he is a great ruler. a prophet, or a Son of God, showing the frequent religious basis of Verrücktheit.

In the so-called ambitious form, delusions of grandeur are constantly present. It is to this class that the political reformers, Nihilists and Anarchists, such as Guiteau and Prendergast, belong, while those who direct their attentions toward people in a higher plane of society, *e. g.*, where a laboringman falls in love with a queen or princess, belong to the erotic form. Later the patient may become suicidal and dangerous, attacking his supposed enemies. These patients are frequently very bright. They often coin new words to express their ideas, and many remarkable discoveries and inventions have been made by them. One of the best German-English lexicons was compiled by a paranoiac while confined. Hallucinations are rare in persons not previously bright mentally.

Verrücktheit is common, especially in females, and begins usually at puberty, although it may develop at any age. It very rarely begins in old age. The disease is usually preceded by a period of depression and irritability, but may come on suddenly with violence.

It progresses by fits and starts, rather than by gradual advancement, and during its course there are marked remissions. The prognosis is unfavorable. It runs a chronic course and may terminate in incomplete recovery, the chronic state, dementia or death. Recovery is rare, it being generally incurable, but patients may become at least harmless. They are dangerous to society during the disease, but after the development of confusion they need not be confined. Much can be accomplished when peculiarities are manifested in childhood by training the child properly, teaching him to bridle his imagination and encourage healthful sports and exercise—arousing his interests in the objective and drawing his mind from the subjective.

Many of the foregoing symptoms are illustrated by the following cases, two of which have never been reported:

CASE I.—Samuel L. Age, 33. Born in United States. Family history negative as far as could be learned. Physical condition good. He has a scaphocephalic head, high cheek-bones, narrow forehead, and slightly protruding chin. He rarely looks at the person he addresses, but gazes fixedly in the distance. His voice is low and he speaks slowly and with an air of conviction. He has the delusion that he is "mesmerised" by a band of electricians and millionaires. They first gained control over him, and have since held it, by compelling him to masturbate whenever they see that their power over him is growing weaker. He has been in their power since he was fourteen years of age and has traveled from one end of the country to the other in vain hope of evading their influences. Says that he is their agent in a gigantic plot to overthrow the United States, that he is unconscious when he performs their errands, but without him their plans would fail. He does not know these persecutors, nor where they are, but says he would kill them if he had the chance. They exercise their complete power over him, not alone to aid their own plans, but even in trifling matters he is not allowed his own way, he must walk on certain streets, eat at certain times and places, and the like, as directed by them. He says his brain and spinal cord have been ruined by the constant action of electricity. He has worked at various kinds of labor all over the United States, rarely staying more than one week in a place because "things get too damned hot" for him. He would like either to commit suicide or else inform the United States government of its danger, but his controllers will not allow him freedom to do either. They make his food taste like urine and feces; his sleep is disturbed by voices, and during waking hours he is never at ease.

After daily visits to the university of Buffalo dispensary for nearly two weeks, asking for medical treatment and protection, he suddenly ceased to appear, and has probably again taken up his weary and futile journey for escape.

His three dominant delusions, viz.: That he is persecuted by unknown men, that his brain and spinal cord are destroyed, and that he is the central and all essential figure in this great plot against the government, are very typical of this disease.

CASE II.—Through the courtesy of Dr. Crego and the officers of the Buffalo State Hospital I am permitted to cite the following case: B. ———, aged 33 years, was admitted in November, 1892. Occupation, none. Family history not known.

Habits good. Has always been an erratic, queer individual, leading an unsettled life, wandering about the country doing peculiar things. Studied medicine for a short time and was expelled from college for misconduct. Has squandered a large sum of money, but labors under the delusion that a clergyman defrauded him and has threatened to kill him if the money is not refunded. For a time after admission talked incessantly, was irritable and suspicious, refused medicine and ate sparingly. He is now rather nervous in his actions, has some vaso-motor disturbance, eyes bright and restless, voice low and tremulous, is negligent in dress and personal appearance. Has prominent cheek-bones, narrow forehead, protruding lower jaw, with eyes set deeply in orbits. Says he has made exhaustive studies in drugs, by noting their action on himself, so that he can tell the exact quantity, quality and constituents of all medicines taken, that his brain is more highly developed than that of any living man, that his perceptions, which are located over his eye-brows, are so large, that notwithstanding the fact that doctors have tried to ruin his brain by thousands of drugs, they (the perceptions) still overlap each other, the perception of individuality being especially developed. He challenges any one to box or lift weights with him, or he offers to meet any one in an argument on any subject and show his superiority, without previous preparation. The systematised delusions of persecution and exaltation are strikingly illustrated by his statement: "They are trying to ruin the brain of the greatest living thinker." He is not despondent, and says that his persecution and confinement, like all martyrs, is because his ideas are in advance of his time.

CASE III.—T. ———, aged 38 years. Born in Germany. Parents dead. Father was eccentric, lead a secluded life and was brutal to his family. Personal: From boyhood up he has been egotistical, selfish and suspicious and is constantly in trouble with those with whom he is associated. Says that certain people are talking about him, making his employer and fellow-workmen dislike him, that he understands his trade better than any man in the world. His married life was unhappy. Suspicious of his own relatives, he refused them admission to his house and threatened to kill his wife if she visited her parents, and finally drove her from the house at night, and soon after left town. It was found that he had squandered a large sum of money recklessly and purposely. Since then he has traveled from one place to another, doing queer things, only sojourning a short time in one place, for his persecutors follow him, defaming his character and disturbing him constantly.

A CASE OF MYXEDEMA.[1]

BY J. C. CLEMESHA, M. D., M. R. C. S., L. R. C. P., London.
Assistant surgeon Buffalo Eye and Ear Infirmary.

THIS peculiar disease was first described by Sir William Gull as "a cretinoid state supervening in adult life in women," but it was not generally recognised or fully described before the year 1878, when Dr. Ord brought his cases before the clinical society of London.

The prominent features of myxedema are a peculiar swelling of the skin and subcutaneous tissue with dryness and roughness of the

1. Read at the Buffalo Academy of Medicine, Section on Pathology, June 21, 1898.

surface. Pronounced mental deterioration, indicated by dulness, apathy, hebetude, slowness of speech or action. Atrophy or other destructive change of the thyroid gland. Women are far more frequently affected than men and in the majority of cases the disease begins between the ages of thirty and fifty. The chief symptoms of this disease are well brought out in the following case:

Mary M., aged 24 and unmarried, who went to the Buffalo Eye and Ear Infirmary in June, 1898, for "swollen eyelids and tears running over the face." It was in the spring of 1897 when she first noticed a change in her appearance, but it was not until the fall of the same year that she consulted an oculist about her swollen eyelids. Treatment proved of little avail and the swelling and puffiness became more pronounced, so that when seen at the infirmary her face was broadened and her eyelids showed as semi-translucent folds. Her past history was negative, excepting a mild attack of typhoid fever in 1893. Her father died some years ago from typhoid fever, her mother in childbirth. She is an only child.

Present Condition.—Her face is broader than in a photograph taken two years ago, the eyelids, upper and lower, are somewhat thickened and show as semi-translucent folds. The alæ nasi are wider and there is a slight flush over each cheek with a peculiar papular eruption. The forehead is swollen, but there is no pitting on pressure. Her general expression is one of heaviness and dulness, her face swollen and expressionless. The eyelids, owing to the puffiness, have a tendency to an oblique direction, as seen in Chinese races, and her hair has become two shades darker, but is neither scanty nor dry, as is usual in cases of myxedema. The tongue and mucous membrane of the mouth show no change, though her voice has altered, having become monotonous, deliberate and slow. Her teeth have decayed rapidly during the past year, which has made their extraction necessary. Her hands have become broader opposite the metacarpal bones, especially the left hand, and rings that she could wear a year ago are now too small; they are always cold and the nails stunted and brittle. The feet are also swollen and the shoes she now wears are half a size larger than those worn a year ago. She takes cold easily and her mental condition has changed. She feels stupid and drowsy and takes a much longer time in which to do her work than formerly.

Temperature, 98.6°; bowels regular; catamenia regular, though more profuse. The urine contains no albumin or sugar; specific gravity, 10.23. The examination of the neck reveals an atrophic condition of the thyroid gland, more pronounced on the right side, where no trace of the glandular tissue can be made out.

The following is taken from a lecture of Victor Horsley, reported in the *British Medical Journal*, Vol. II., 1896:

Nearly 100 years ago, King, of Guy's hospital, showed by direct experiments that the colloid material of the acini of the gland passed into the lymphatics, and thus, for the first time, was suggested in a tangible form the modern view of the so-called internal secretion of the thyroid gland.

During the subsequent fifty years, and at a time when, with the exception of snake poison, no animal fluid was known to have a very powerful influence on the body when administered in extremely small doses, it is not surprising that the idea that the thyroid gland had any importance at all in the economy was scouted, and

that very absurd opinions were formulated to explain its existence and presence in the neck.

The first great step from this step of disregard was the discovery by Schiff, in 1859, that the organ was important to human life. Unfortunately his experiments attracted no attention, and it was not until 1884 that the question was reopened by Schiff and placed upon an accurate basis. At the same time Reverdin and Kocher had established the fact that total removal of the goitre was liable to be followed by certain symptoms, which from the description were recognised to be analogous to myxedema. Attention was drawn to this matter and Horsley undertook an experimental investigation into the question, using monkeys for the purpose. He established beyond question the fact that typical symptoms of myxedema could be produced in a monkey by simple removal of the thyroid gland, and the synchronous examination of the other structures of the neck, for example the nerves, proved that no injury was done to them and that therefore the symptoms were solely and wholly due to the loss of the gland itself. These experiments negatived the theory that myxedema was due to changes in the sympathetic nerve and the influence of the vaso-motor system, and the final destruction of this theory was given by the brilliant discovery of Dr. Murray that this terrible and fatal disease can be cured by the internal administration of that structure, the loss of which had caused the disease.

It would take too long a time to go into the special points in the functional activity of the thyroid gland, the microscopical changes, but we may state briefly that in myxedema the thyroid gland atrophies and there is found a round-celled infiltration of the remnants of the lobes and acini, with changes in the epithelial cells. Finally, nothing but dense fibrous tissue is left.

In regard to the treatment of myxedema Mr. Horsley had suggested that this disease might be cured by transplantation of the thyroid gland, but thyroid extract was first suggested by Dr. Murray in 1891, and given to a woman who had suffered from myxedema for five years. Four years after the treatment was commenced she was free from myxedema and had long been so.

The patient whose case has been here described has now been taking grains xxv. thyroid extract per day for the last three months. Her appearance has undergone a marked change for the better. The puffiness is gone from the forehead and eyelids, the appearance of breadth from the features. Mentally she is much brighter and declares she feels a different woman.

Before closing it might be well to consider some of the effects of the administration of thyroid extract. There is an increase in tissue, metabolism and often, at first, a large increase in the urine passed and a large increase in the urea excreted; hence of late thyroid extract has been largely used in the treatment of obesity.

Increased rapidity of the heart's action is perhaps the most con-

stant of the effects observed from thyroid administration and the effects of the remedy can hardly be said to be manifested unless the pulse rises by several beats per minute. Sometimes palpitation and irregularity are observed, hence it is necessary in the administration of the drug to begin with a small dose and gradually increase it. Among the symptoms produced by too large doses are headache, pains in the limbs, nausea, diarrhea and palpitation.

329 FRANKLIN STREET.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Medical Officers of the Civil War—Women Physicians—History of Homeopathy—Individual Members of the Profession.

[*Continued from the September edition.*]

January 6, 1885, Dr. Frank Hamilton Potter was elected secretary to fill a vacancy occasioned by the resignation of Dr. Peterson. The committee on midwives reported a corrected bill to regulate their practice, and on motion it was voted to ask the president of the Medical Society of the County of Erie to call a special meeting of that body for the consideration of this bill.

Annual meeting, April 17, 1885.—Election of officers. President, Charles G. Stockton; vice-president, William Warren Potter; treasurer, F. E. L. Brecht; secretary, F. H. Potter; librarian, J. B. Samo. May 5th, the president appointed Drs. F. W. Hinkel, J. W. Putnam and E. H. Long as the standing committee on finance for the ensuing year. July 7th, on motion of Dr. Van Peyma, a committee consisting of Drs. Hopkins, Stockton, W. W. Potter, Davidson and Cary, was appointed to consider statements found in the annual report of the Buffalo Hospital of the Sisters of Charity that had been challenged. August 4th, this committee made a report which was approved by the association.

Annual meeting, April, 1886.—Election of officers: President, William Warren Potter; vice-president, J. B. Coakley; secretary, F. R. Campbell; librarian, Lucien Howe.

Annual meeting, April 5, 1887.—Election of officers: President, J. B. Coakley; vice-president, P. W. Van Peyma; secretary, C. G. Steele; treasurer, F. E. L. Brecht; librarian, Lucien Howe. On motion of Dr. A. Dagenais a building committee was appointed to

solicit funds, select a site and make plans for the erection of a hall or home for the medical profession of the city. A committee was appointed by the chair to nominate the building committee, consisting of Drs. DeLancey Rochester, F. S. Crego and H. R. Hopkins. May 3d this committee reported the following names for members of the building committee: Drs. A. Dagenais, John Cronyn, Lucien Howe, William Warren Potter, Roswell Park, Conrad Diehl and Charles Cary.

Annual meeting, April, 1888.—Election of officers: President, P. W. Van Peyma; vice-president, A. A. Hubbell; secretary, W. H. Bergtold; treasurer, F. E. L. Brecht; librarian, Lucien Howe. November, 1888, Dr. Thomas Lothrop presented a memorial of Dr. F. R. Campbell, who died September 14, 1888, aged 28 years.

Annual meeting, April 2, 1889.—Election of officers: President, A. A. Hubbell; vice-president, M. B. Folwell; secretary, W. H. Bergtold; treasurer, F. E. L. Brecht; librarian, Lucien Howe. May 7, 1889, the president, Dr. Hubbell, delivered an address entitled, The Buffalo Medical and Surgical Association; retrospective and prospective. On this occasion Drs. George N. Burwell and J. B. Samo, the only surviving founders of the association, sat upon the platform by special invitation.

Annual meeting, April 1, 1890.—Election of officers: President, A. A. Hubbell; vice-president, William C. Phelps; Secretary, W. H. Bergtold; treasurer, F. E. L. Brecht; librarian, W. H. Heath.

Annual meeting, April, 1891.—Election of officers: President, William C. Phelps; vice-president, C. C. Frederick; secretary, W. Scott Renner; treasurer, F. E. L. Brecht; librarian, J. B. Coakley.

Annual meeting, April 5, 1892.—Election of officers: President, C. C. Frederick; vice-president, H. E. Hayd; secretary, William G. Ring; treasurer, F. E. L. Brecht; librarian, W. C. Callanan.

The association held a regular monthly meeting, May 10, 1892, and another June 7, 1892, both at the Hotel Iroquois. These were the last meetings of the organisation, as it had voted at a special meeting, held May 17, 1892, to unite with three other societies in forming the Buffalo Academy of Medicine. This association became the surgical section of the new organisation, and, under the compact, the officers of the association, elected April 5th, were continued as officers of the section on surgery.

Buffalo Obstetrical Society.

On invitation, a number of physicians met at the office of Dr. William Warren Potter, January 27, 1884, to consider the propriety

of organising a medical society for the consideration of subjects pertaining to obstetrics, diseases of women and pediatrics. They voted to organise the Buffalo Obstetrical Society and the first regular meeting of the new society was held February 25, 1884, at the residence of Dr. Potter. Its membership was limited to twenty-four.

The following-named officers were elected: President, William Warren Potter; vice-president, Rollin L. Banta; secretary and treasurer, George E. Fell. This was the first special medical society organised in Buffalo and it continued its work for eight years. Its proceedings were published during the greater part of this time in the BUFFALO MEDICAL JOURNAL, and they form an interesting chapter in the medical history of the period. It was the custom of this society, as of most private medical societies, to meet at the houses of its members in rotation, and usually a collation was provided by the host after the scientific work was finished. When, in 1892, the Buffalo Academy of Medicine was organised, the obstetrical society was merged into it as a section, and its last meeting was held June 28, 1892, at the residence of Dr. Eugene A. Smith.

BUFFALO ACADEMY OF MEDICINE.

The propriety of creating a medical society with the foregoing title, by grouping a number of associate societies under one administration, had been discussed for some time previously, but the proposition did not take final root until May 17, 1892, when the Buffalo Academy of Medicine was founded. It was formed out of the Buffalo Medical and Surgical Association, which became the surgical section; the Obstetric Society, that became the section on obstetrics, gynecology and pediatrics; the Pathological Society, that became the section on anatomy, physiology and pathology; and the Clinical Society, that became the section on medicine, materia medica and therapeutics.

As these four several societies were already in existence, it became necessary to obtain their consent to a proposed union, which was done prior to the date before-mentioned, and the June, 1892, meetings of the several bodies were the last they held as distinct organisations. It was provided that the general meetings of the academy should be held four times a year—namely, in March, June, September and December, and that each of the constituent bodies or sections should hold regular monthly meetings. Hence there would be one meeting in each week, and these occur every Tuesday evening.

The first officers of the academy, elected June 21, 1892, were:

President, DeLancey Rochester; secretary, William C. Krauss; treasurer, Eugene A. Smith; trustees, James W. Putnam, Alphonse Dagenais and Roswell Park.

The meetings of the academy and of its several sections have been continued until the present time with a constantly increasing membership, and interesting proceedings have been varied by an occasional invitation to a nonresident, who has sometimes come from a distance to present a paper before one of the sections.

The fact that the academy has not published its proceedings with regularity makes it impossible to give as complete a sketch of this body as would be done could official or accurate data be obtained. The officers of the academy for 1898–'99: President, Dr. Roswell Park; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Charles S. Jewett; trustees, Dr. B. G. Long (three years), Dr. Marcel Hartwig (two years), Dr. DeLancey Rochester (one year).

Private Medical Societies.

In addition to the foregoing there are also a number of private medical societies that hold regular meetings and do active and efficient work in promoting medical science. The first of these to organise was the Medical Club, that meets on alternate Wednesday evenings. The next was the Medical Union, which meets the third Tuesday in every month. The Roswell Park Medical Club is another society of this class, composed of younger physicians, that is in a flourishing condition. The Physicians' Society is still another, with its membership limited to women physicians. Perhaps the Buffalo Microscopical Society ought to be mentioned, though this is a branch of the Society of Natural Sciences. It, however, engages the attention of a number of physicians, and helps to stimulate the science of microscopy. The private societies are entertained at the houses of the members in rotation, and after the scientific work is disposed of a collation is usually provided.

II. Medical Colleges.

Though the subject of establishing a medical college at Buffalo had been agitated previously during several years, formal steps preparatory to the application for a charter were not taken until the autumn of 1845. In the winter of 1846 authority was granted by the legislature to establish a medical school under the name and title of the Medical Department of the University of Buffalo. Hon. Nathan K. Hall, afterward postmaster-general, was then a member of the State Assembly, and it was mainly through his efforts that the

charter was obtained. The first council of the university was composed of the following-named gentlemen: Ira A. Blossom, Isaac Sherman, Theodotus Burwell, James O. Putnam, Gaius B. Rich, William A. Bird, George R. Babcock, Herman A. Tucker, Joseph G. Masten, Thomas M. Foote, John D. Shepard, Millard Fillmore,

Millard Fillmore

Elbridge G. Spaulding, Orson Phelps, Orsamus H. Marshall and George W. Clinton.

Public announcement of the success of the enterprise was made in the BUFFALO MEDICAL JOURNAL for September, 1846, in which it was stated that the medical department had been fully organised by creating seven professorships, to which the council of the university had made the following appointments: Chemistry and pharmacy

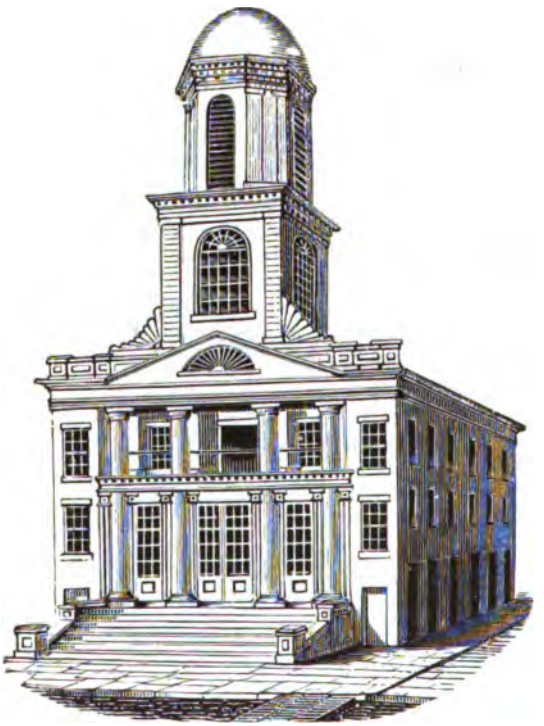
James Hadley; physiology and medical jurisprudence, Charles B. Coventry; general and special anatomy, James Webster; pathology and materia medica, Charles Alfred Lee; principles and practice of

HON. JAMES O. PUTNAM, CHANCELLOR OF U. OF B.

surgery, Frank Hastings Hamilton; obstetrics and diseases of women and children, James Platt White; principles and practice of medicine and clinical medicine, Austin Flint. Corydon L. Ford was appointed demonstrator of anatomy. The first five teachers above

named were holding similar chairs in Geneva Medical College, an institution that soon afterward was discontinued. Dr. Hamilton removed to Buffalo in 1845, Dr. Webster retained his residence in Rochester, Dr. Coventry his at Utica, while James Hadley's son George delivered the chemistry lectures from the beginning, and was soon appointed to the chair.

The chief promoters of the college enterprise were Drs. White, Flint and Hamilton, who were ably seconded by Mr. O. H. Marshall and several other prominent citizens. Millard Fillmore, afterward president of the United States, was the first chancellor of the university, an office which he continued to fill until his death, March 8, 1874. He was succeeded by Orsamus H. Marshall, and he by E. Carlton Sprague, who in turn was followed by James O. Putnam, the present incumbent, who has been a member of the council from the outset. This was the beginning of the first permanently successful effort to establish in Buffalo an educational institution above the grade of common schools.



FIRST BUFFALO MEDICAL COLLEGE, WASHINGTON AND SENECA STREETS.

The structure occupied by the college during its first three academic years, known as the first Baptist Church, then stood on the corner of Seneca and Washington streets, the site of the present post-office building. The first course of medical lectures opened February 24, 1847, with an attendance of sixty-six registered students, one of

whom was Mr. L. G. Sellstedt, the distinguished artist of Buffalo, who took a special course. The first commencement was held at the First Presbyterian church, June 16, 1847, at which Hon. Millard Fillmore, chancellor, after a brief address, conferred the degree of doctor of medicine upon seventeen gentlemen, whose names were as follows: George Abbott, M. H. Andrews, H. W. Barrett, Z. A. Blake, John P. Dudley, Sidney A. Foss, H. D. Garvin, John Hardy, James E. King, S. G. Rogers, Wells Taber and J. A. Whiting. Of these Dr. Abbott is still living and engaged in the practice of his profession at Hamburg.

The address to the graduates was delivered by the dean of the medical faculty, Prof. Frank Hastings Hamilton, the exercises were interspersed with music, and closed with a benediction by the Rev. Mr. Schuyler of St. John's church. These were the first literary exercises of the kind ever witnessed in Buffalo, and they were attended by a large concourse of prominent citizens.

At the second annual commencement, June 14, 1848, there were thirty-two graduates out of a total attendance of ninety-five students. In the absence of the chancellor, Dr. Thomas M. Foote, the vice-chancellor, conferred the degrees, and Professor Austin Flint delivered the address to the graduating class. Among those to receive medical degrees on this occasion was Dr. C. C. Wyckoff, who is at present in active professional practice in Buffalo.

The church structure referred to was used by the college during its first three academic years. By this time, however, the necessity presented itself for increased accommodations, which culminated in locating the school in a building of its own. Public-spirited citizens were invited to contribute to the enterprise through the medium of a subscription list that was circulated. This was headed by A. D. Patchen, who subscribed $500; next came Jesse Ketchum, who gave $600, the largest single donation, and then followed in their order the names of Albert H. Tracy, George W. Tifft, Eldridge G. Spaulding and Jabez Goodell, who each gave $200. There were eighty citizens who subscribed $100 each, and the remainder was raised in sums of $60 and $40, until the aggregate subscription reached $12,000. The State appropriated $2,000, which made a sufficient amount to justify the commencement of the construction of the new edifice. Meanwhile land was purchased at the corner of Main and Virginia streets, a location then quite outside of the city, and the construction of the building was begun under the most inspiriting auspices. It was completed in season for the fourth lecture course, 1849–50, at a cost of

about $15,000. It would be interesting to trace the history of the college from this time forward, but it must suffice to record a few of the important events that have occurred during its existence.

It was during its fourth year that Dr. White introduced demonstrative or clinical midwifery into the college curriculum, a method of teaching that had already been established in Europe, but had not been attempted before in this country. Part of the plan was as follows: A woman, two weeks before confinement, entered the janitor's apartments, where she was boarded and cared for by the janitor's

SECOND BUFFALO MEDICAL COLLEGE, MAIN AND VIRGINIA STREETS.

wife. After labor began the graduating class, twenty-two in number, assembled in an adjoining room, and one by one under the supervision of Dr. White were admitted to the confinement room and were permitted to make vaginal examinations during the progress of labor. On the termination of the second stage all were assembled in the lying-in room and permitted to witness the passage of the head over the perineum, as well as the method employed to support the latter. This was all; there was no undue exposure of the woman and she made a rapid convalescence; yet seldom has an event occurred that so completely shook the foundations of society in any city as did this.

Newspapers commented upon it, doctors denounced it as immoral, and a suit for libel followed. A scathing critique signed "L" appeared in one of the daily newspapers, reflecting so intemperately upon Dr. White's course that he promptly brought suit for libel against Dr. Horatio N. Loomis, the supposed author of the article; for it was known that Dr. Loomis had expressed himself verbally in opposition to this method of teaching. A trial ensued, lasting four days, able counsel appeared on both sides, two stenographers were employed by the complainant (this was before the days of court stenographers) and a full report was made and published to the world. Much stress had been laid by the counsel for the defendant upon the fact that "public opinion" placed the stamp of its emphatic disapproval upon the course of Dr. White. Mr. Justice Mullett, who presided at the trial, swept all such fallacies from the jury box in a terse and able charge which reached a climax of haughty eloquence in the following paragraph:

"Public opinion has not in Christendom been deemed a very safe agent in the administration of justice since it profaned the judgment seat and insulted Heaven by the cry of crucify Him! crucify Him!! Pilate, weak and time serving, disobeyed the dictates of his own conscience and followed the popular outcry which he mistook for public opinion. But the sacred history of that awful tragedy informs us that the chief priests and elders persuaded the multitude."

Dr. Loomis was acquitted, for it was proved that another had written the libel, but Dr. White was vindicated. His name will be handed down during all time as the first in America to attempt the clinical teaching of midwifery. Dr. White continued his work as a teacher from 1846 to 1881, during which time he inaugurated many methods of improvement in his specialty and successfully performed many difficult operations in abdominal and pelvic surgery. He was in advance of his time in many respects, and left a name that will always be conspicuous for having contributed much to the advancement of the science of medicine. He devised many ingenious instruments, and his obstetric forceps is well known throughout the land. Since his death, which ocurred September 28, 1881, Dr. Matthew D. Mann, who was soon afterward appointed to the chair made vacant, has continued to teach obstetrics and gynecology in the university.

Dr. Frank Hastings Hamilton, who was the first teacher of surgery, held the chair until his removal to New York in 1860. During the fifteen years of his residence in Buffalo he did much original work that served to establish him among the first surgeons in the country and

he was ever afterward recognised as such. He published fracture tables and introduced new methods in the treatment of fractures, which laid the foundation for his classic treatise on fractures and dislocations that has been translated into several foreign languages.

Dr. Hamilton possessed special qualifications as a teacher and it is doubtful if his superior has ever been found in this country either in the amphitheatre or at the bedside.

After Dr. Hamilton's removal to New York, Dr. E. M. Moore, of Rochester, who had been teaching surgical pathology in the college for some years, was appointed to the chair of surgery. Professor Moore was an original thinker and an attractive teacher as well as a resourceful surgeon. He continued to occupy this chair until 1883 when he resigned on account of advancing years. Dr. Roswell Park, of Chicago, was appointed to fill the vacancy thus created and has been teaching in that capacity until the present time.

In 1867 the chair of special surgery was created and Dr. Julius F. Miner was invited to fill it. It was not long before Professor Miner developed popularity as a teacher and skill as a surgeon. He continued this work until failing health in 1884 compelled him to resign. In 1869, Dr. Miner demonstrated the feasibility and propriety of applying the principles of enucleation in the removal of ovarian tumors. This ingenious and scientific suggestion was adopted throughout the world whenever applicable and it made Professor Miner's name famous in literature.

In 1851, Dr. Coventry resigned the chair of physiology and Dr. John C. Dalton, Jr., was appointed to succeed him. Dalton had been a pupil of the great French physiologist, Bernard, and he at once instituted the methods of the latter in illustrating his lectures by vivisections before the class. This was the first time the method had been adopted in this country—a system of teaching which has since gained universal application. Dr. Dalton held this chair until 1858, when he went to New York and continued his work in that city. He became the author of a text-book on physiology that was almost universally adopted. He died at New York, February 12, 1889, aged 64 years, after having obtained conspicuous prominence as an author and teacher of physiology.

Dr. Austin Flint one of the founders of the college, taught the practice of medicine from 1846 to 1853. In the latter year he was invited to Louisville and subsequently to New Orleans, in both of which cities he taught internal medicine for several years. Finally, he went to New York and occupied the chair of practice of medicine

at the Bellevue Medical College until his death, March 13, 1886. He was a recognised authority in diseases of the chest and he reduced physical exploration to a scientific exactitude that had not been heard of before his time. His ear was so finely attuned to rhythmical sounds that he was enabled to detect minute chest râles that were not easily differentiated by others, and to give them a fixed and definite significance in the pathology of pulmonary diseases. He was a voluminous writer, his works have been recognised everywhere as standard authority, and have in some instances come to be regarded as classic. He specially distinguished himself in establishing the true nature of the infection of typhoid fever as early as 1843. A well at North Boston, N. Y., became poisoned by the excreta of a typhoid patient brought from Massachusetts. Twenty-one cases occurred in families living within a few rods of the well, from which they obtained their water supply, of whom seven died. Dr. Flint visited the scene, diagnosticated and traced an infectious disease, then unknown in this region, from New England to that obscure hamlet, distinctly established its contagion, and pointed out its source. The published report became a classic in medical literature that will always be referred to, and it formed the basis of a series of essays afterward published by Prof. Flint on the subject of typhoid fever.

In 1853, Dr. Thomas F. Rochester, a native of the city that bears his name, who had lately been serving in Bellevue Hospital, was appointed professor of practice to fill the vacancy caused by Dr. Flint's removal. An incident in his life deserves to be recorded in this place. He was one of twelve young men who entered the hospital at Bellevue as unpaid assistants. Soon afterward a fearful pestilence invaded the wards, and at the close of the year seven of the little band had died while performing the duty named. They rode not down to the valley of death in a magnificent charge with banners and trumpets, like the historic 600 at Balaklava, but they went down to a pestilential battlefield just as consciously, just as heroically. No mausoleum, no obelisk, no monumental bronze marks their resting place to perpetuate their deeds. Only on a mural tablet at Bellevue may be read the record of this great martyrdom. The facts and circumstances are recorded here as received from an intimate friend of Dr. Rochester who was familiar with the circumstances. Dr. Rochester did much to advance the science of medicine, and was one of the most conscientious and progressive teachers in the college. He continued to perform his labors until within a few months of his death, which occurred May 24, 1887, when he was 63 years

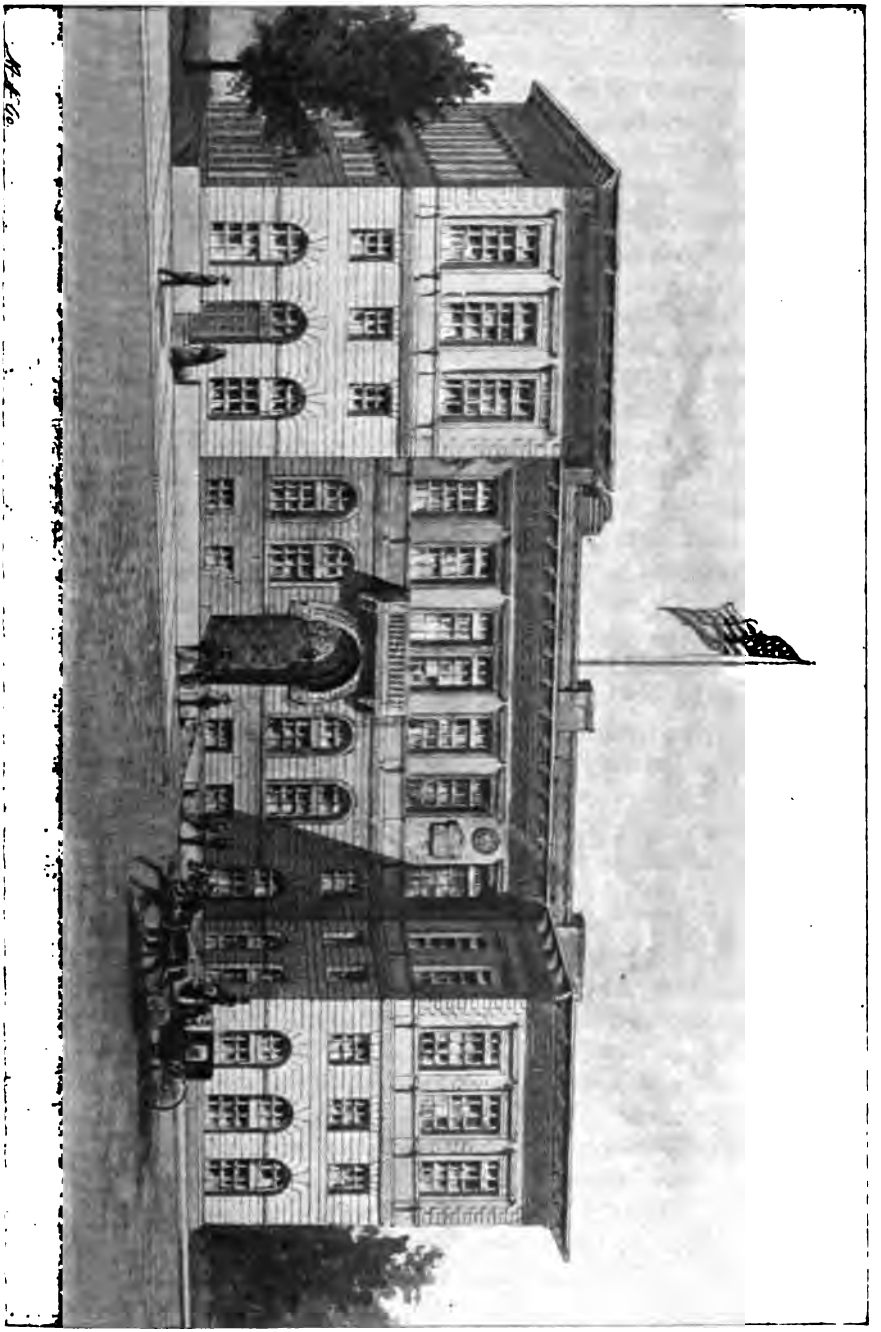
of age. He was succeeded by Dr. Charles G. Stockton, who still occupies the chair of medicine.

Dr. Corydon L. Ford, who afterward attained conspicuous eminence as an anatomist, resigned the demonstratorship of anatomy in 1853, and Dr. Sanford B. Hunt, of Mendon, N. Y., was appointed to fill the vacancy. The following year Dr. Hunt was advanced to the professorship of anatomy, which he held until 1858. He was a man of science and made anatomy an interesting subject to his pupils. Instead of the usual dry methods of teaching, he adopted those that directed attention and fixed the memory through the novelty of surrounding it with more than ordinary interest. He resigned the chair to engage in editorial and educational work, and was elected superintendent of public schools.

MILTON GROSVENOR POTTER, M. D.

Dr. Sandford Eastman, an alumnus of the college, was appointed to fill the vacancy and held the chair until his death, January 8, 1874. Dr. Eastman was one of the most popular teachers in the college, one who commanded the respect alike of all his colleagues and his pupils, as well as the love and esteem of a large clientèle that mourned his decease as a loss of inestimable moment.

Dr. Milton Grosvenor Potter, also an alumnus of the college, was chosen to fill the vacancy. He, too, was an interesting and forceful teacher who obtained at once the respect and love of his pupils as well as the most distinguished consideration of his colleagues. He



MEDICAL DEPARTMENT OF THE UNIVERSITY OF BUFFALO 1903.

died January 28, 1878, lamented by a large circle of friends and acquaintances.

The chair of materia medica was nominally held by Professor Lee from the beginning down to 1870. The lectures, however, were delivered during his unavoidable absence by Professor Theophilus Mack from 1857 to 1860, and by Professor Joshua R. Lothrop from 1860 to 1864. When Dr. Lee resigned in 1870, Professor H. N. Eastman was appointed to the chair and he was succeeded in 1873 by Dr. E. V. Stoddard, of Rochester, who held it until 1888, when Dr. Charles Cary, who upon Dr. Potter's death had been appointed professor of anatomy, was transferred at his own request to fill the vacancy occasioned by Professor Stoddard's resignation. Professor Cary is still engaged in teaching materia medica and therapeutics at the college.

The following-named gentlemen have served as demonstrators of anatomy from 1846 to the present writing, viz.: Corydon L. Ford, Sanford B. Hunt, John Boardman, Benjamin H. Lemon, Hugh B. Van Deventer, S. W. Wetmore, M. B. Folwell and William C. Phelps. Dr. Phelps still continues as demonstrator and has also been made assistant professor of anatomy. A few years ago the college building, at the corner of Main and Virginia streets, became unsuited to modern methods in medical teaching, as well as too limited in its capacity to accommodate the increasing attendance of students. Its anatomical rooms were inadequate; its laboratories too restricted; its amphitheaters were too small, and in short the methods of 1890 had outgrown those of 1850. Though it was a comely structure and the first building erected on the Holland Purchase for collegiate instruction since the soil on which it stands was relinquished by the Senecas, it has ceased to be occupied and is fast falling into decay. Since the foregoing was written it has been razed and a new structure has been built upon the site.

Ground was obtained on High street in the vicinity of the General Hospital, and the construction of a new building put under way in 1892. The present college edifice was opened March 5, 1893, with public ceremonies befitting the occasion. This superb building is admirably adapted to the purposes of medical instruction and it fittingly bespeaks the energy and sagacity of its projectors. The remaining part the college is to play in history concerns the immediate present and the future which is yet to be written.

We may very fittingly close this chapter by recording the names of the successors of the original seven teachers. They who are now in

office are as follows: Charles Cary, professor of materia medica, therapeutics and clinical medicine; Matthew D. Mann, dean, professor of obstetrics and gynecology; Roswell Park, professor of the principles and practice of surgery and clinical surgery; Julius Pohlman, professor of physiology; Charles G. Stockton, professor of the principles and practice of medicine and clinical medicine; John Parmenter, secretary, professor of anatomy and adjunct professor of clinical surgery; Herbert M. Hill, professor of chemistry, toxicology and physics.

In addition to these there are seven adjunct professors, seventeen professors of special departments and eleven instructors, besides a number of clinical instructors and students' assistants. This array of teachers contrasted with the original seven indicates the progress in medical instruction during the last fifty years. As a further evidence of progress it may be mentioned that the following departments have been erected in the University since the creation of the medical department in 1846—namely, the department of pharmacy, established in 1886; the department of law, established in 1887; the department of dentistry, established in 1892, and the school of pedagogy, established in 1895. It is, therefore, a university in fact as well as in law.

Since the foregoing paragraph was penned Niagara University Medical College has been consolidated with the Buffalo School, thus further augmenting the teaching corps.

(*Continued next month.*)

Clinical Lecture.

MEATOTOMY.[1]

By BYRON H. DAGGETT, M. D., Buffalo, N. Y.

Reported by P. J. Candee, M. D.

THE outlet of the urinary canal is called the meatus. Meatus is a Latin word signifying a passageway, hence it is given to the balanic or that portion of the canal embraced by the glans. The external meatus is the name given to the immediate or membranous opening. The orifice is located normally in the apex of the glans, and varies in size from a pin-hole to a vertical slit one-third of an inch or more in length. Its variation from the normal gauge may be

1. Delivered at the Sisters of Charity Hospital, January 20, 1898

congenital or may be due to acquired causes. If the lumen be sufficiently contracted to obscure free urination or necessary instrumentation, an operative procedure is in order. This operation usually consists in slitting through the lower angle of the meatus, and is called meatotomy.

The lumen of the balanic urethra is closed by coaptation of its lateral walls; in fact it has no lumen or caliber, except when in use. It gaps by pressure upon the glans and dilates with the intrusion or extrusion of foreign substances. This portion of the urinary canal is inelastic and possesses no surrounding or constricting muscular fibers. It becomes narrow or stenosed by thickening, infiltration and induration of its walls, hence incision and not dilatation or divulsion is employed for its enlargement. This section is the most sensitive and the narrowest portion of the normal canal, and is anatomically a complex structure. Here we find the fossa navicularis, numerous papillæ, mucous cysts, the valve of Guerin and folds of membrane, forming valves[1] upon the lateral walls of this passageway and constituting it a perfect nozzle for clean and free ejections of the genito-urinary secretions.

Harrison says that narrowing of this orifice often retards the healing of urethritis by confining the discharges and obstructing normal drainage. Otis confirms this opinion and has made a study of the normal caliber of the urethral canal. Otis also says that the strictured meatus should be cut in the lower angle or floor, for the reason that there is less liability of hemorrhage and less chance for recontraction and that there is more certainty of cutting the constringing bands. There is probably less liability of hemorrhage from the inferior cut, but the other objection is less tenable, since it is infiltration and thickening rather than constringing bands that cause the narrowing.

Meatotomy became the prevailing medical fad a few years ago, and many artificial hypospadias were made by amateur surgeons and aggressive doctors. There certainly is a choice in the locality of the incision, for if the floor of the canal is thinned, or already has a squint toward hypospadias, the cut should be made above and in some cases both above and below.

Stewart (Diseases of the Urethral Canal) says that the meatus should not be recklessly slit down through the frenum, as is often done.

Overcutting through this structure destroys nature's receptacle for retaining the normal secretion which supplies moisture and lubri-

1. See illustrated article printed in the New York *Medical Record*, May 7, 1898.

cation to the parts; it weakens the force and broadens the urinary stream and causes dripping of the urine. Such an opening down through the meatal fourchette drains the natural secretion, just as a dependent opening draws off the saliva from the buccal cavity. Again, the diphtheritic membrane sometimes forms upon these raw and gaping surfaces. Such an operation not only impairs the function of this structure as a nozzle, but it also vitiates the appearance and presentability of the organ.

The external meatus is formed by the muco-cutaneous membrane; it is slightly hooded at the upper angle and forms more or less of a fourchette at the lower angle. The urethra dips down to a greater or less degree behind the fourchette. The external meatus is quite elastic; the balanic urethra is firm and inelastic, hence incision is the operation of choice for the enlargement of the balanic urethra, but the incision need not often involve the membranous outlet, which if incised at all it should be only nicked and cut less deeply than the rigid balanic urethra. This external meatus forms a gateway which protects the urethra from without as well as from within. Do not destroy its usefulness—it will serve and not offend if properly treated.

The appearance of the meatus is indicative of disturbance in the urethral way just as the tongue and throat often reflect disorders of the digestive tract. The bright red and swollen meatus indicates acute inflammation; a dull red and patulous meatus indicates passive congestion; a dark red and herpetic meatus with an elongated prepuce indicates prostatic hypertrophy; a pinched appearance indicates some wasting disease of the genito-urinary tract.

Filaretopoulo says that examination of the urine for tubercle bacilli is frequently negative, and that infiltration and eversion of the lips, bluish tinge of the membrane, resistance to compression, a discharge aggravated by injections of nitrate of silver, urine at the same time being highly acid, are presumptive evidences of tubercular disease.

There is another curious fact which I have neglected to mention, and that is that many cases of contracture in the posterior urethra disappears like magic after the enlargement of the meatus.

ACUTE FOLLICULAR TONSILLITIS.—Dr. E. Fletcher Ingals, of Chicago, recommends the application to the inflamed tonsil of a 50 per cent. solution of guaiacol in oil of sweet almonds. Internally:

℞ Potass. bromid. ..... gr. 80.
Sod. salicyl. ..... ℥ i.
Tr. opii deodor. ..... ℥ i.
Cascara cordial ad ..... ℥ i.

M. Sig. Teaspoonful every four hours in water.—*Chicago Clin. Rev.*

Progress in Medical Science.

PHYSIOLOGICAL CHEMISTRY.

By JOHN A. MILLER, Ph. D.

ABSORPTION OF OXYGEN BY THE LUNGS.

JOHN S. HALDANE and J. Lorrain Smith (*J. Physiol.*, 1897; *Jour. Chem. Soc.*, 1898). The absorption of oxygen in the lungs cannot be explained by diffusion alone, as the normal oxygen tension in the blood is higher than in the alveolar air, and in some animals higher than in the atmosphere. Fall of body temperatures caused a marked fall in this tension. Increase of oxygen in the alveolar air causes an almost proportional increase in the oxygen tension of the arterial blood. Diminution of the oxygen tension in the alveolar air causes a fall in that of the blood; but want of oxygen, whether produced by carbonic oxide poisoning, by diminution of atmospheric pressure, or of percentage of oxygen in the air, causes a marked increase in the relative excess of arterial over alveolar oxygen tension. Hence want of oxygen acts as a stimulus to absorption of oxygen. The symptoms caused by diminution of the oxygen tension of the air breathed are due to fall in the oxygen tension reached by the blood in the lungs, and not to diminution in the quantity of oxygen carried by the blood from the lungs.

METABOLISM DURING INANITION.

DAIBER (*Chem. Centr.*, 1898, *Jour. Chem. Soc.*, 1898). Observations made on Succi during a twenty days' fast showed that the body weight sank about 490 grams daily, the excretion of the chlorides in the urine fell to 1 or 1.5 per cent. of the normal; chlorides were not found in the urine on the twentieth day. At the beginning of the fast, urobilin was abundant, indicating decomposition of the red blood corpuscles. The metabolism of proteid, as indicated by the discharge of urea, was very regular.

BREAKING UP OF FAT IN THE ALIMENTARY CANAL.

VAUGHAN HARLEY (*Proc. Roy. Soc.*, 1897; *Jour. Chem. Soc.*, 1898). The absorption of milk-fat in normal dogs is compared with that in those from which the pancreas had been removed; the difference in the amount of fat left in different portions of the alimentary canal is not so great as would have been anticipated. Hydrolysis of fats into

fatty acids and the glycerine occurs in the stomach, as also does saponification; this is greater in dogs without a pancreas, and is probably explained by the fact that in these animals the expulsion of fat into the intestine is delayed.

CEREBRO-SPINAL FLUID.

E. NAWRATSKI (*Zeit. Physiol. Chem.*, 1897; *Jour. Chem. Soc.*, 1898.) Previous workers on cerebro-spinal fluid have all but unanimously stated that the reducing substance contained in it is not sugar. In the present case, large quantities of the fluid were obtained from calves and horses and also from men; the author thus regards his work as being more trustworthy than that of others, who mostly worked with small quantities. Although he was not successful in separating the sugar in the crystalline form, he states that otherwise the reducing substance gives all the reactions characteristic of dextrose. He did not find catechol, as Halliburton did. In the fluids he examined, globulin was the only proteid present, proteoses and peptones being absent. The sugar in cerebro-spinal fluid disappears soon after death.

BEHAVIOR OF COMPOUNDS OF SALICYLIC ACID IN THE ORGANISM.

STANISLAS BONDZNYSKI (*Chem. Centr.*, 1898; *Jour. Chem. Soc.*, 1898). After the use of sodium salicylate, 97.5 per cent. of it was found in the urine as salicyluric acid; after the use of ethylic salicylate, 91.3 per cent. was found in the urine after ethylenic salicylate, 47.6 per cent. was found in the urine as salicyluric acid, and 19.5 per cent. in the feces as salicylic acid. Of salicylglyceride, 86.7 per cent. passes unchanged through the alimentary canal, and 8.7 per cent. is excreted in the urine as salicyluric acid. Dichlorhydrin-salicylate appears chiefly in the urine (92.7 per cent.) After the use of salicyl compounds soluble in water, such as salicylamide, there was complete absorption, none being found in the feces.

PHYSIOLOGICAL ACTION OF NICOULINE.

E. BOINET (*Compt. Rend. Soc. Biol.*, 1896; *Jour. Chem. Soc.*, 1898). *Nicouline*, C_3H_4O, a colorless, inodorous substance, crystallising in rhomboidal tablets, was extracted by Geoffroy from *Robinia* nicon aublet, a leguminous plant used by the natives of Guiana to stupefy and capture fish.

The action of nicouline is on the central nervous system, especially on the bulb; after a phase of excitation, stupor sets in, the muscles

are relaxed, sensation is in abeyance and the temperature falls. It is rapidly eliminated. The fatal dose for mammals is 1 milligram per 10 grams of the body weight.

PHYSIOLOGICAL ACTION OF COPPER.

ARNOLD KOLDEWEY (*Dissert. Berlin., Jour. Chem. Soc.*, 1898.) Although it is advisable to obviate admixture of copper with the food, no noteworthy evil results follow small doses of copper, or even large doses in people in good health, or in animals that vomit readily; long continuance in the use of copper, however, produces slight degenerative changes in the liver and kidney which can only be detected on microscopical examination.

URIC ACID IN THE SALIVA IN THE URIC ACID DIATHESIS.

BOUCHERON (*Compt. Rend. Soc. Biol.*, 1896; *Jour. Chem. Soc.*, 1898). By the murexide test, uric acid can be detected in the saliva in patients suffering from the uric acid diathesis, particularly in the intervals between meals. An analogy is drawn between this and the occurrence of sugar in the urine in diabetes.

PHYSIOLOGICAL ACTION OF NAPHTHALENE.

THEO. KLINGMAN (*Virchow's Archives*, 1897; *Jour. Chem. Soc.*, 1898). A number of previous workers have noticed that the most marked effect of the administration of naphthalene is an opacity of the lens and other degenerative changes in the eye-ball. In the present research on rabbits, naphthalene dissolved in liquid paraffin was given by the stomach; in the urine, phenol was found corresponding to about a tenth of the naphthalene given. The animals were killed at varying intervals; in the early stages an irido-cyclitis was found, which is believed to be the starting point of the subsequent eye-changes in the cornea, lens and retina. The primary lesion is not in the retina, as Panas considered.

VEGETATION WITH AND WITHOUT ARGON.

TH. SCHLOESING, JUN. (*Compt. Rend.*, 1897; *Jour. Chem. Soc.*, 1898). Oats and feather-grass respectively were grown in confined volumes of ordinary air and air deprived of argon, the $CO_2 \setminus O_2$ being determined in each case and the general appearance, behavior, and the like, of the plants observed. The conclusion drawn from the experiment is that argon has no appreciable influence on vegetation.

ACTIVE ABSORPTION OF OXYGEN BY THE LUNGS.

J. LORRAIN SMITH (*J. Physiol.*, 1898; *Jour. Chem. Soc.*, 1898.) Various pathological conditions (fever, toxic agents of bacterial origin, local changes in the lung produced by high pressure oxygen) interfere with the active absorption of the oxygen of the pulmonary epithelium and reduce the oxygen tension of the arterial blood to about that of the alveolar air.

PEDIATRICS.

REPORTED BY MAUD J. FRYE, M. D.,
Clinical instructor in diseases of children, Medical Department, University of Buffalo.

TREATMENT OF CHOLERA INFANTUM.

POTTER (*Annals of Gynecology and Pediatry*, April, 1898,) advises the following treatment: Take away all food for twenty-four hours. Clear out the intestinal tract with calomel. Give larger quantities of a weak intestinal antiseptic solution by mouth, enough to keep the stomach well filled. Use the stomach-tube for its introduction if necessary. Irrigate the intestine with the same solution, using soft rubber catheter, No. 10 or 12, and a fountain syringe. If the stomach rejects the treatment, or there is persistent vomiting, let it rest for a time, in the meantime continuing the intestinal irrigations. If there is severe pain, use external applications or hypodermic injections of nonconstipating therapeutic agents. [Holt (*Diseases of Infancy and Childhood*), page 336, recommends morphine and atropine hypodermatically, not only for the relief of pain, but for the amelioration of the vomiting and purging, the nervous symptoms and the cardiac depression. To a child of one year 1-100 grain of morphine with 1-800 grain of atropine, may be given every hour if necessary. Morphine is contra-indicated if the purging is slight, or if there is drowsiness, stupor or relaxation.]

IRRIGATION OF THE BOWEL IN ENTEROCOLITIS.

LICHTY (*Med. News*, April 16, 1898,) says: In cholera infantum and acute enterocolitis irrigation of the bowels with pure water is of such importance that, aside from proper dietetics, all other methods of treatment fall into insignificance. It is the most rational, and I think the most successful treatment which can be employed. It is very easily instituted. The nurse should be instructed to put on a rubber apron, and to take the child in her lap, laying it upon its abdomen,

the lower end of the apron should be placed in a suitable receptacle to receive the wash water and excrement. The nozzle of a fountain syringe is then inserted in the child's anus, and the water allowed to flow continuously under slight pressure. Experiment has shown that there is no danger of rupturing the bowel, since the rectum in a child will expel the water after a certain pressure is attained. The child after two or three treatments of this kind will, in nearly every instance, be relieved.

SUBCUTANEOUS INJECTION OF SALT SOLUTION IN DIARRHEA.

BARBIES AND DERAYER (*Jahrbuch für Kinderheilkunde*) report the results of their observations, made on both well and sick infants, the object being to determine the physiological effects of a 7 per cent. sterilised salt solution.

From twenty to thirty grammes were injected at one time. The injections were followed by a period of reaction, lasting usually about seven hours. The temperature rose, the pulse increased in strength and volume, and the arterial fluxion also increased. All the functions of the body appeared to be stimulated. In collapse both respiration and circulation were favorably influenced. The temperature also became higher, the change being noticed about one-half hour after the injection. The rise in temperature varied from two to eight-tenths of a degree centigrade. At the end of five or six hours the temperature would again fall, but almost always remain from two to three-tenths higher than it was originally. The pulse usually increased about twenty beats per minute, and its further manifestations corresponded closely with the temperature. The authors believe the measure to be of service in cases of diarrhea with low temperature and collapse, or when collapse is threatened.—*Archives of Pediatrics.*

SUBCUTANEOUS INJECTIONS OF SERUM IN SUMMER DIARRHEA.

REICHNOCK (*Jahrbuch für Kinderheilkunde*). The indications for the injection of serum in diarrhea are excessive loss of fluid from the intestines and inability to take anything by the stomach. It is a means of giving nourishment to the patient with stomach and intestines at rest. The observations were made at Ranke's clinic, in Munich, in fifteen patients. Sterilised serum from healthy cows and horses was used. The cases selected were injected on the second or third day of the illness. They were greatly reduced in weight. Some were partially moribund. The ages of the patients varied from four-

teen days to nine months. From ten to twenty cubic centimeters were injected at one time. No unpleasant symptoms followed in any of the cases. The beneficial effects were soon noticeable in an improvement in the general condition. In a few it was necessary to repeat the injections after twenty-four hours. The amount of albumin contained in the twenty centimeters, according to Hoppe-Seyler, is one to five grains. Four cases were fatal.—*Archives of Pediatrics.*

SURGERY.

CONDUCTED BY JOHN PARMENTER, M. D., Buffalo, N. Y.,
Professor of anatomy and adjunct professor of clinical surgery, Buffalo University Medical College,

AND

NELSON W. WILSON, M. D., Buffalo, N. Y.

TRANSPLANTATION OF THE RECTUS MUSCLE IN INGUINAL HERNIA.

JOSEPH C. BLOODGOOD (*Johns Hopkins Hospital Bulletin*) gives a preliminary report on "transplantation of the rectus muscle in certain cases of inguinal hernia, in which the conjoined tendon is obliterated." He divides inguinal hernia into two groups: one of which the conjoined tendon is wide and firm and one in which it is practically obliterated.

The procedure is the typical Halstead operation up to the point of inserting the deep sutures. Before this is done the sheath of the rectus muscle is exposed and divided from the insertion of the muscle upward for 5 c.m. The outer border of the belly of the muscle is caught with two or three sutures of heavy black silk which, used as retractors, pull the muscle downward and outward. Then the deep sutures of silver wire are inserted as in Halstead's operation, with the addition that the four sutures below the transplanted cord include the sheath of the rectus and the muscle itself. When these sutures are tied the rectus is approximated to Poupart's ligament and the aponeurosis of the external oblique from a position just below the transplanted cord down to the symphysis pubis, in addition to the divided and transplanted internal oblique muscle.

The term obliterated, as applied to the conjoined tendon, is used because the extreme condition is more likely to be an acquired one than congenital. The conjoined tendon may be congenitally very narrow or attenuated. The important point to be recognised is that the conjoined tendon is either very narrow or very attenuated or obliterated

and that Hasselbach's triangle has lost its strongest support, the conjoined tendon, and that something must be transplanted to act as a substitute for the defect; this something is the rectus muscle.

A DRY DRESSING.

ACETANILID 48 parts, boric acid 15 parts, finely powdered starch 35 parts and carbolic acid 2 parts is reported as having given excellent results as a dry dressing for granulating surfaces and sutured wounds.

A PLASTER FOR BURNS.

VERGELY, of Bordeaux, in burns of the first and second degree, covers the part with a thick paste of calcined magnesia and water and lets it dry on. Pain usually ceases at once and healing progresses rapidly as a rule. He also uses potassium nitrate as a bath, in the proportion of a few teaspoonfuls to the basin of water. If pain returns after immersion of the part, add a little more potassium. Compresses wet with the solution in a measure take the place of a bath.

TO PREVENT NAUSEA AFTER ANESTHESIA.

CAPT. E. B. FRICK, assistant surgeon, U. S. A., at Presidio, has found that inhalation of acetum aromaticum prevents nausea after anesthesia. Inhalations may be continued an hour.

TO STOP NOSE-BLEED.

DR. A. C. SMITH (*Clinique*) gives this routine for checking nose bleed. Grasp the nose between the thumb and forefinger and press backward against the alveolar border of the maxilla and downward against the teeth. "This compresses the lateralis nasi and septal arteries." He reports satisfactory results following the use of tannin and acetanilid.

THE CAUSE OF DEATH AFTER BURNS.

AGELEO and Parascandalo gives the cause of death after burns as a toxic ptomaine, not, however, due to the toxins produced in the burns by bacteria or to anatomic changes which the corpuscles or organs of the burned area may have undergone.

TREATMENT OF SINGLE PROLAPSE OF THE RECTUM.

DR. REHN, of Frankfort, treats simple, recurring prolapse of the rectum by repeated momentary cauterisation of the anal mucous membrane at intervals of five days with lunar caustic. A cure usually results after five to eight applications. The cauterisation should be superficial and results in contraction of the sphincter.

OSTEOMYELITIS FOLLOWING TRAUMATISM.

K. GERONNE (*Centrablatt für Kinderheilk.*) reports a case of osteomyelitis following trauma. A boy playing football was struck on the foot by the ball and fell striking his left hand. The foot and hand became painful the following day; eight days later the diagnosis of osteomyelitis was made; operative measures were resorted to, but one bone after another became involved and death resulted two months after the accident. *Pediatrics* in summing up says, in giving possible causes of osteomyelitis after slight injuries: Excitors of pus, by chance present in the blood, may escape from the latter by means of torn vessels and crushed portions of bone; cocci taking advantage of a favorable point for colonising, caused by the purulent inflammation of the soft tissues, may pass into the circulation; the patient may have had a previous attack of osteomyelitis, and the bacteria being still present encapsulated in the bone, are stirred into action by a new traumatism. It may be that slight abrasions are present, for example, on the foot, and these may become the point of entrance for schizomycetes. This latter condition may possibly be one of great importance and thus account for the frequency with which children are attacked by osteomyelitis, they being more exposed than adults to these germs and to slight traumatisms.

THE LATER FORM OF HEREDITARY SYPHILIS.

V. N. ALEXEJEW, of Moscow, reports a case of the later form of hereditary syphilis and its treatment. Child, 12 years old, well nourished and developed, mucous membranes pale; slight swelling of cervical lymphatics; liver markedly enlarged, hard, felt in mamillary line, 6 c.m. below the edge of the ribs; surface of right lobe hobnailed; two movable tumors on left lobe; liver sensitive to pressure; spleen enlarged. For eleven days the child was put on 0.9 of potassium iodide, daily; the following thirty-five days the dose was increased

to 1.5 daily. Two months from the beginning of the treatment the child was discharged cured.

Dr. J. T. RUGH (*Polyclinic*) suggests the use of sugar to facilitate the removal of plaster from the hands.

Dr. J. C. OLIVER (*Cincinnati Lancet Clinic*) reports a case of colloid carcinoma of the cecum. The entire cecum, three inches of small intestines and an inch and a half of the large intestine were removed. The divided ends of the large and small intestines were connected by a Murphy button. Recovery was rapid and uninterrupted. The appendix was not included in the carcinomatous process.

THERE were seventy-one papers on surgery read before the American Medical Association at the Denver meeting.

THE *Indiana Medical Journal* says plaster sets much more efficiently with potassium sulphate than with sodium chloride.

EMORY LANPHEAR gives the following as surgical sins: (1) Operating in hopeless cases; (2) Delaying opinion as to the gravity of a disease; (3) Failure to operate in depressed fracture of the skull; (4) Pretending to be clean; (5) Undercharging in order to secure an operation; (6) Stealing patients; (7) representing capital operations as trifling; (8) Keeping patients too long under chloroform *ariston metron*. Unwise speed is bad; chronic surgery is worse.

AND now Dr. Murphy's method of treating phthisis by injecting nitrogen into the pleura has been attacked as "not new." Dr. W. H. Meyer, of Fort Wayne, Ind., who has written a letter to a newspaper, makes the attack. He quotes from Dr. Paget's recent work, and states that in Rome in 1894, Prof. C. Farlanini reported cases treated by forming an artificial pneumothorax and states that "the pleura bears air well, but that nitrogen is preferable, as it is absorbed more slowly." The method is described in Volume III. proceedings of the *International Medical Congress*, 1894. Similar views was advanced in 1891 by Hilton Flagg, and in 1881, Dr. Herard, Hotel Dieu, Paris, discovered that an accidental hydro-pneumothorax arrested phthisis and "became an unhoped for means of safety for the patient."

GENITO-URINARY AND SYPHILITIC DISEASES.

CONDUCTED BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

MOVABLE KIDNEY AND ITS TREATMENT.

BIDWELL (*Lancet*, April 16, 1898,) says there are two forms of movable kidney—the "floating" and "dislocated." The symptoms vary greatly and are often most marked when the displacement is least noted. They are a dragging pain in the loins, sometimes simulating renal colic; digestive disturbances, pain, vomiting, hepatic colic, "gastric crisis" and neuralgia. Einhorn alleges that many of the symptoms are due to concomitant conditions, which usually follow or precede renal ptosis.

However, some of these symptoms may be traced directly to the movable kidney, such as result from the pressure of tumor, dragging on adhesions to the duodenum, or the renal plexus and urinary obstruction. The apparent enlargement of the displaced kidney is due to its covering of abdominal parieties. The examination should be made while the patient is postured in various ways from the upright to the horizontal.

Kendal Franks asserts that the anatomical relation and connection of the kidney afford the most rational explanation of the condition. The surface of the kidney is marked by the impression of the organs in its immediate environment. These organs are the liver, the ascending colon and spleen. Some pathologic condition may be the predisposing and trauma be the determining cause of dislocation.

Ptosis of the liver causes gastric crises, hydronephrosis and atrophy of the kidney, constipation and constant pain and kinking of the bowel. Severe symptoms call for active treatment and the question of operative interference must be considered.

Nephrectomy and nephrorraphy or nephropexy: Nephrectomy has been superseded (except in cases of pathologic destruction of the kidney substance) by nephropexy. Some of the methods proposed for anchoring the kidney are: (1) The kidney is exposed and the perirenal fat is abraded; (2) The kidney is attached to the lumbar-wound by stitches through its capsule; (3) The capsule is attached by sutures to the lumbar wound; (4) The sutures are passed through the kidney substance; (5) The kidney is sutured to the twelfth rib; (6) Vulliet's method by fixing the kidney with a tendonous strand from the longissimus dorsi muscle. R. H. Reed proposed transfixing the kidney, reaching it through the abdominal opening.

Vulliet's method is done as follows: An incision four inches in length is made just below and parallel to the twelfth rib, exposing

the kidney, which is freed from its connections, another incision, two inches long, is made parallel and next to the spine, beginning opposite the first lumbar vertebra and exposing the tendon of the longissimus dorsi muscle, a thread of this tendon, about a sixth of an inch wide, is detached with a scalpel and a finger introduced underneath it. On pulling, a strip eight or nine inches long is detached from the rib, leaving the lower end attached to the spine of the first lumbar vertebra. Incisions are made in the upper and lower ends of the capsule of the kidney. Pass a probe threaded with this strip of tendon from the dorsal into the lumbar wound and thence through these incisions from below and then out through the dorsal opening. Pull this strip tense and it draws and anchors the kidney up under the ribs. Attach the free end of this string to the muscle, close the wound without drainage. In the lumbar wound use deep buried sutures and close both wounds with catgut sutures.

Bidwell reports three successful cases operated upon in this way. This living suture is unirritating, not quickly absorbed and the peritoneal cavity is not opened. "With Vulliet's method I feel that one can offer every prospect of permanent relief and so I should urge the operation even in preference to the application of a belt, since its results are much more satisfactory and the procedure is practically devoid of risk."

THE SURGERY OF THE KIDNEY.

HENRY MORRIS (*Lancet*, April 16, 1898,) states that the practicability of nephrotomy was repeatedly discussed from the sixteenth to eighteenth centuries, but surgical treatment of the kidney was not employed systematically until the second half of the present century.

Simon, of Heidelberg, successfully removed a kidney for the cure of a ureteral fistula following ovariotomy, August 2, 1869. He did this regardless of the fact that Royer affirmed that it was "madness to dream of extirpating a kidney in the human subject." Previous to this time it had been demonstrated many times that animals could live with only one kidney. About a year afterward Gilmore, an American, successfully performed a nephrectomy, removing a diseased kidney from a woman five months pregnant, without producing a miscarriage.

A. E. Dunham did the first nephrectomy in England, May 14, 1872, and during the following decade several operators reported successful ablations of the kidney. It was ten years after Simon's successful nephrectomy was performed before the first nephrectomy

was done in France. Nephrotomy never was systematically practised until 1870; previous to this time fluid swellings and perinephritic abscesses were opened by thermocautery or incision.

Annandale in 1869, and Spencer Wells in 1870, wrote in favor of nephrectomy, in some cases of renal calculus. During the ten years from 1870-1880 nephrotomy was done in a half dozen cases for the extraction of calculi and for pyonephrosis. Morris in 1880 removed by lumbar incision a large calculus from the kidney of a young woman and demonstrated that the kidney could be safely and freely incised. Dr. Morris reported thirty-four nephrotomies with only one death.

In 1882, Hahn, in Berlin, introduced an operation at first called nephrorraphy and afterward named nephropexy by the French. The purpose was to fix and anchor movable kidneys. In this operation the incision is made along the sacrolumbar muscle, from the twelfth rib to the crest of the ileum and through the quadratus lumborum. The capsule of the kidney is incised along the outer border and separated to some extent from that organ. The margins of the capsule are dragged into and stitched to the abdominal wound. Nephropexy is an important advance since it superseded nephrectomy for movable kidney.

A preferable method of attaching the kidney is fixation by means ot deep sutures through its body and then passed into the cut edges of the transversalis fascia and the aponeurosis of the transversalis muscle. Tuffler recommended partial decortication of the kidney and suturing the tunica propria to the edges of the parietal wound. Vulliet, of Geneva, strips out a long, slender slip of the tendon of the erector spinæ and uses this as a means of fixation. Successful nephrolithotomy demonstrated that the kidney could be freely incised without producing fatal hemorrhage and that it would readily heal, then followed another advance, viz.: excision of the diseased portions of this organ. Numerous cases of partial excision of the kidney are reported and on record.

OPHTHALMOLOGY.

CONDUCTED BY ALVIN A. HUBBELL, M. D., Buffalo, N. Y.
Clinical professor of ophthalmology and otology at the University of Buffalo.

NOTE ON PROTARGOL IN OPHTHALMIC PRACTICE.

DR. ADOLF ALT (*American Journal of Ophthalmology*, January, 1898,) says according to Neisser: "The new silver-salt, protargol, is prepared by Fr. Bayer & Co., in Elberfeld, Germany, and contains 8.3 per cent. of silver. It is a chemical combination of silver with

a protein substance, and forms a yellowish fine powder which can be solved in cold or hot water by shaking. Heating to a high degree does not render the solution dim. Its most important peculiarity, not shared by any other silver salt, is that from the aqueous solution it is not precipitated by either albumin, diluted chlorate of sodium, diluted muriatic acid or caustic soda. Ammonium sulphate gives it a darker color, but causes no precipitate. Concentrated muriatic acid produces a precipitate, yet what is precipitated is not silver chloride, but protargol, which, when more water is added, is redissolved.

"This salt has as great a faculty of an unlimited penetrating action on the tissues as no other silver salt enjoys. It is superior to argentamin which, otherwise, is the best silver-salt, in that in solutions of one-fourth, one half and 1 per cent. it causes but an extremely small amount of irritation. The experiments concerning the bactericidal action of the protargol are as yet unfinished. Its action on the mucous membrane may be prolonged without a weakening of its concentration or diminution of its action on the deep tissues being produced by any chemical changes."

Dr. Alt says the results which Neisser has reached by using this new silver-salt in treating inflammation of urethral mucous membrane and particularly the statement that it produces almost no irritation while being as effective and more so than silver-nitrate on account of its penetration into the depths of the tissues, prompted me to give protargol a trial in the treatment of conjunctival inflammation, in which I had thus far applied silver-nitrate.

While I am now, after two months' trial, not trying to praise protargol as a panacea for all conjunctival inflammations, I am so impressed and pleased with its beneficial and almost painless action on the conjunctiva, that I want to draw the attention of my confréres to this new silver-salt, protargol, as early as possible.

As far as my experience goes, it acts as well as silver-nitrate; sometimes, indeed, in cases of acute conjunctivitis I am satisfied it acted quicker than the older favorite.

I have used it thus far only in a 1 per cent. solution. In this strength it causes no noticeable inconvenience to the patients who, on that account, greatly prefer it to the silver-nitrate.

It would be tiresome to relate individual cases here. It may suffice to repeat, that wherever silver-nitrate is indicated, it is well to give protargol a trial instead, and I have no doubt that in a great many cases, if not in all, the results will be gratifying.

CATARACT IN GLASSBLOWERS.

HIRSCHBERG (*Berl. Klin. Woch.*, February 7, 1898). The etiologic connection between cataract formation and occupations entailing exposure to intense heat, as well as residence in hot climates, has long been recognised. Of thirty employed as glassblowers, but five had reached the age of forty, and all of these had developed glassblowers' cataract. The frequency of cataract in India is well known. The comparatively early age at which this affection develops, as the result of exposure to heat, has never before been dwelt upon. Whereas in senile cataract the average age is in the neighborhood of sixty-six years, in glassblowers' cataract and among the inhabitants of India the average is forty years.

THE PUPIL IN DISEASE.

ACCORDING to Frank C. Todd, M. D., Minneapolis, Minn., (*Annals of Ophthalmology*, April, 1898,) irritation myosis is found in: (1) The early stages, at least, of all inflammatory affections of the brain and its meninges, in simple tubercular and cerebrospinal meningitis. When in these diseases medium myosis gives place to mydriasis, the change is a serious prognostic sign, indicating the stage of depression with paralysis of the third nerve. (2) In cerebral apoplexy the pupil is at first contracted, according to Berthold, who points out that this contraction is a diagnostic sign between apoplexy and embolism, in which latter the pupil is unaltered. (3) In the early stages of intracranial tumor, situated at the origin of the nerve (third) or in its course. (4) At the beginning of an hysterical or of ane pileptic attack. (5) In tobacco amblyopia, probably from stimulation by nicotine. (6) In persons following certain trades, as a result of long maintained effort of accommodation (watchmakers and the like) the pupil-contracting center being subject to an almost constant stimulus. (7) As a reflex action in ciliary neurosis; consequently, in many diseased conditions of those parts of the eye supplied by the fifth nerve. (8) In iritis.

Paralytic myosis occurs: (1) In spinal lesions above the dorsal region, *e. g.*, injuries and inflammations, especially of the chronic form. (2) In general paralysis of the insane. In acute mania the pupil is usually much dilated and when myosis develops, approaching general paralysis may be prognosticated. (3) In myelitis of the cervical portion of the cord, following irritation mydriasis. (4) In bulbar paralysis, with progressive muscular atrophy or sclerosis of the brain

and spinal cord. (5) In alcoholic amblyopia. (6) In paralysis of the cervical sympathetic, resulting from injury, from pressure of an aneurism of the carotid, innominate or aorta, or from pressure of enlarged lymphatic glands. (7) In apoplexy of the pons Varolii this may be irritation myosis. (8) In poisoning by certain drugs known as myotics.

Irritation mydriasis occurs: (1) In hyperemia of the cervical portion of the spinal cord and in spinal meningitis. (2) In the early stages of new growths in the cervical portion of the cord. (3) In cases of intracranial tumors and other diseases causing high intracranial pressure—these may cause paralytic mydriasis. (4) In the spinal irritation of chlorotic or anemic people after severe illness, and the like. (5) As a premonitory sign of tabes dorsalis. (6) In cases of intestinal worms and other forms of intestinal irritation. (7) In psychical excitement, such as acute mania, melancholia, progressive paralysis of the insane—may be myosis on one side, mydriasis on the other.

Paralytic mydriasis occurs: (1) In progressive paralysis following myosis. (2) In various disease processes, such as syphilis at the base of the brain, affecting the third nerve. (3) In a late stage of thrombosis of the cavernous sinus. (4) In orbital processes, which cause pressure on the ciliary nerves. (5) In glaucoma. (6) In cases of large intraocular tumors. (7) In cases of poisoning by alkaloids, known as mydriatics and by toxic principles of putrefaction —rotten meat, and the like. (8) Following diphtheria. (9) Following a traumatism to the eye-ball.

The Argyll-Robertson pupil is one that reacts to convergence, but not to light and indicates a lesion of the centripetal fibers, in the tabes dorsalis, probably Meynert's.

Reaction of the pupil in hemianopia is of importance in diagnosticating the location of a lesion in the brain. A lesion is anterior to the primary optic centers in hemianopia, if myosis takes place when light is thrown upon the seeing side of the retina, and does not take place when thrown upon the blind side. A lesion is posterior to the primary optic centers when myosis occurs when the light is thrown upon either side of the retina.

BACTERIA IN THE NORMAL CONJUNCTIVA, AND THE EFFECTS UPON THEM OF ASEPTIC AND ANTISEPTIC IRRIGATIONS.

DR. RANDOLPH, of Baltimore, Md., (*Journal of the Amer. Med. Assn.*, January 8, 1898,) has made a series of experiments upon one hundred

persons (not eye patients) using the conjunctival secretion of these persons for inoculation on nutrient agar. Out of the one hundred cases there were only thirteen sterile tubes. No effort was made to determine the properties of the microörganism.

Two series of experiments of fifty each were made, one to test the aseptic and the other the antiseptic method of sterilising the field of operation. After repeated irrigation of the conjunctiva with sterilised water, inoculations showed a growth in thirty-two out of forty tubes. After flooding with a solution of bichloride 1 to 5,000 and inoculation with conjunctival secretions there were only nine sterile tubes. These experiments showed that, as far as the conjunctiva is concerned, little reliance can be placed on the usual methods employed by ophthalmologists for obtaining asepsis. Dr. Randolph adds the following conclusions:

"The normal conjunctiva always contains bacteria. It is probable that the bacteria found in this locality are usually of only slight, if any, pathogenic character. It should be remembered, though, that bacteria, ordinarily nonpathogenic, may become harmful under certain conditions; that is, if the tissues are bruised by instruments or irritated by chemicals. Neither the irrigation with sterilised water, nor the instillation of a sublimate solution (1 to 5,000) produces sterility of the conjunctiva and inasmuch as both measures are futile and possibly harmful, they may just as well be abandoned. These methods of sterilising the conjunctiva are the only ones usually employed by ophthalmologists, and hence the choice of them for testing this question. It goes without saying that a method which would destroy the bacteria of the conjunctiva without at the same time impairing the integrity of this membrane would be a great advantage. In operating upon the normal conjunctiva, as in cataract operations, the surgeon in the present state of our disinfecting armamentarium would do well to consider the subject of antiseptics chiefly, if not solely, in connection with his hands and instruments, and, of course, the cocain and atropin."

THE BANANA IN TYPHOID FEVER.—After a long experience with typhoid patients, Dr. Ussery, of St. Louis, regards the banana as the best food for them. A banana is almost wholly absorbed by the stomach, easily digested and very strengthening.—*Medical Age.*

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.

REPORTED BY THOMAS F. DWYER, M. D., Secretary.

THE quarterly meeting was held at the Academy parlors, Palace Arcade, Tuesday evening, September 13, 1898.

In the absence of the president, the chairman of the section of medicine, Dr. William G. Ring, presided and called the meeting to order at 8.45 p. m.

The minutes of the last quarterly meeting, and the special meeting of July 11, 1898, were read and approved.

The council recommended the election for resident membership of the following applicants: Drs. Albert E. Woehnert, Charles P. Knowles and Norman L. Burnham. They were separately balloted for and duly elected Fellows of the Academy.

The proposed amendments to the by-laws, notice of which had been given in writing at the last stated meeting and had been announced on the call for this meeting, were then read by the secretary.

Amendment I.—"That names of members who are six months or more in arrears for dues, and the amounts due be posted in a conspicuous place in the Academy rooms until same are paid."

It was moved and seconded that the amendment be carried as read. This motion was lost by a vote of 24 to 11.

Amendment II.—"That Article XIII., Section 3, of the by-laws be amended to read: Any Fellow failing to pay his dues for two years shall forfeit his fellowship."

This amendment was unanimously carried.

It was moved and seconded that a committee be appointed to revise the constitution and by-laws. It was moved as an amendment that the secretary be empowered to have slips printed, giving the changes made since the last revision of the constitution and by-laws and sent to the members of the Academy. Motion as amended was carried.

The program of the evening, under auspices of the section of medicine, consisted of the following: Chronic joint affections, commonly called rheumatism, Charles G. Stockton, M. D.; Rheumatism of childhood, Benjamin G. Long, M. D. The first paper was discussed by Drs. Mynter, Rochester, Blaauw and Van Peyma, and the second by Drs. Snow, Dwyer, Mynter, Stockton and Rochester. The attendance at the meeting was forty-one.

Adjourned at 11 p. m.

CORRESPONDENCE.

To the Editor:

SIR—When I arrived here, August 14th last, there were 780 patients with an average of sixteen deaths per week from typhoid fever. At this writing we have 650 patients with only six deaths weekly—the advent of cool weather having a very salutary effect in the recovery of the sick men, and in the course of the disease as well. In most of the post mortems held, Peyer's patches were swollen and deeply ulcerated—some with perforation as large as a five-cent piece. In some cases both large and small intestines were involved. The peritoneum, pelvic and mesenteric glands were generally found engorged and the spleen much enlarged and soft. Most of the deaths occurred shortly after their arrival on hospital trains from Tampa and Fernandina.

The treatment most popular here among physicians is stimulation—whiskey, strychnine, and the like, and guaiacol for its antipyretic and antiseptic effect. I have used with good results thymol in capsules to the amount of forty grains a day. We now have seventy-five trained female nurses on duty and to their faithful attendance and nursing many a poor fellow owes his life. Everything wanted and deemed necessary in the treatment and care of these men is liberally provided by the government. The milk bill alone for the month of August amounted to $900 and forty tons of ice was consumed. As soon as men are able to travel and it is deemed safe, they are granted thirty-day furloughs with free transportation to their homes, including a berth in a sleeping-car. After they leave us they are yet in danger, as their appetites are very keen and unless they deny themselves everything, except food of the simplest character, are in great danger of a relapse.

There are a few men here yet undergoing treatment, mostly convalescent, from New York regiments, represented as follows: Second New York, 3; 8th New York, 1; 9th New York, 3; 69th New York, 9; 71st New York, 3. One of the 69th New York is a Buffalo boy—Edgar Leinbaugh, of Walden avenue.

JOHN HUDSON GRANT,
Acting Assistant Surgeon, U. S. Army.

U. S. General Hospital, Fort McPherson, Ga.,
September 13, 1898.

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D.

All communications, whether of a literary or business nature, should be addressed to the managing editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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MILITARY CAMP SANITATION.

DURING the progress of the war with Spain, now so happily and victoriously concluded, it has been the custom of the JOURNAL to speak editorially in each number of some phase of the army medical service, and especially to uphold the Surgeon-General and his aides and subordinates in the trying duty that was so suddenly thrust upon them. Now, however, since an investigation into the management of the war department has been ordered by the President, we shall refrain from further comment on this subject until the commission shall present its report. It would be manifestly indelicate to offer further criticism, pro or con, during the progress of the investigation.

Military medical affairs are, however, still so much in evidence that it is yet pertinent to discuss them from the viewpoint of the sanitarian, whose office is quite as important in military as in civil life. Let us, therefore, turn our attention for a moment to the consideration of the problem of camp sanitation, which, in view of experience in the late war, invites the most serious consideration.

Heretofore the genius of our republican institutions has decreed against a large standing army, hence, in emergencies, we are compelled suddenly to raise large quotas of volunteers and put them promptly into the field. This of necessity means hardship, exposure, sickness and death in a degree out of proportion to an equal number of our male fellow-citizens of adult age in civil life. These new soldiers are, for the most part, ignorant as to the simplest laws of preventive medicine, and especially as to the fact that the most dangerous enemies of the soldier are the water-borne diseases. It is difficult to make a thirsty soldier refrain from drinking the most available water

when it does not present to the eye an abhorrent appearance; and even under extreme conditions he will not be restrained from gratifying his thirst at the most repellant stream. If diseases of the intestinal tract, that are by far the most menacing to the welfare of the soldier, are to be controlled, it becomes the government to look well to the water supply of its camps of instruction. Here, in our view, is the place of all others where the laws of prevention can be applied with the expectation of a large measure of success. When the army is on the march in an active campaign, camps must be chosen where they will, where the exigency of military necessity insists. In such event it matters little where the bivouac or temporary camp is pitched, since the stay is of short duration and everything must bend to the strategic demands. But with the camps of instruction, or permanent camps of occupation, the conditions are totally different. Here everything else should yield to the question of sanitation—to the problem of how best to preserve the health of the soldier and harden him for his future work.

First of all comes the question of good pure water in ample supply. All other considerations may be placed in the secondary list. Let the selection be made with reference to good porous soil, drainage facilities that cannot be challenged, and without a well or spring within miles. If these are near by they are almost certain, in spite of vigorous precautions, to become contaminated. The water supply should be well chosen as to quality and quantity, strongly guarded at its fountain-head, and then piped to the camp. In this way only can the water-borne diseases be practically reduced to the minimum. To partake of water from any other source should be attended with penalty.

We shall limit our observations at this time to this one point connected with military camp sanitation, believing it to be paramount to all others. With an ample, pure water supply intestinal diseases, such as diarrheas and typhoid fever, ought to be reduced to a comparatively insignificant minimum. With these diseases abated the others may receive attention as they arise. The question of expense in the preparation of camps of instruction or occupation need not enter into the account. The most expensive element the war department has to deal with is a sick soldier. He is not only a great care, but he hinders the progress of the army, and his presence, multiplied by hundreds and thousands, may mean defeat where victory would otherwise assuredly result. Camp sites, such as are under discussion, should be located by a commission appointed by the surgeon-

general and their healthfulness assured by constant rigid inspection at the hands of the most competent men for the service at command.

LAST month we referred to the number of casualties occurring in the war with Spain. These reports are still subject to revision. A late examination of the official records of the War Department, as far as completed, show that there were 33 officers and 231 enlisted men of the army, 264 in all, killed in battle. These casualties include all the lives lost by the army in the battles in the Philippines, as well as in those in Cuba and Porto Rico. The percentage of officers killed is strikingly large, and is said to be unprecedented in the battles of the world. The contrast is especially striking in the case of the battle of Omdurman, where, although the loss of life was heavy, the list of killed included only one officer of the British army.

IF LIEUT.-COL. NICHOLAS SENN, U. S. Volunteers, late chief of the operating staff of the armies in the field, sometimes erroneously called assistant-surgeon general, had written less and worked more, it would have been better for his own reputation at least, if not for the service itself. Not that Professor Senn has not worked hard, for he is capable of great endurance, but he owed it to himself and the government to devote *all* his time to the soldiers. The records and notes, such as are for public use, had better be written up after the war, when there is time for assimilation and digestion and when calm judgment comes to assist in sorting, retaining such as are of value and rejecting others of no consequence. When an officer of the medical staff writes reflectingly upon his commanding officers, he may at least be regarded with suspicion, and whatever he writes must of necessity be taken with a grain of sand. If any of the commanders must be tried at the bar of public opinion, let it be reserved for the yellow newspapers and the idle home-stayers to bring the indictment, and not for the staff, least of all the medical staff.

THE death of Dr. George W. Lindheim, of the 8th New York Regiment of Infantry, which occurred September 16, 1898, presents one of the saddest pictures of the war. Charged with the duty of escorting 260 sick soldiers from Chickamauga to New York, his journey was constantly set with difficulties and dangers. At Cleveland it is stated

that some of the citizens, physicians among the number, boarded the train and demanded that a number of the sick be left at the hospitals in that city. It is even alleged that threats were made in case the demand was not acceded to. But the faithful doctor carried out his orders to deliver the train load of sick in New York and declined the proposal of the Cleveland people.

At Buffalo some well-meaning, though misguided philanthropic ladies insisted upon serving the fever-stricken soldiers with ham sandwiches, and the like, all of which Dr. Lindheim resisted, as was his duty. Nevertheless, even some very good newspapers—one, we are sorry to admit, printed in Buffalo—roundly abused Dr. Lindheim for his action, and some ladies, we have heard, spoke of him in terms of which they ought to be ashamed.

The sequel is that Dr. Lindheim, after delivering his charge in New York to the proper hospitals, himself fell sick of the fever, for which the ladies of Buffalo prescribed ham sandwiches, and after a few days of struggle finally succumbed to the disease, a victim to the unkind, not to say, wicked and malignant criticism of the newspapers and the public. In his delirium he defended his soldiers against the assaults of the newspapers and the ham sandwich brigade:

"Let me get up!" he raved. "Two hundred and sixty of them. Think of the boys—so much responsibility--I must get up."

Then the three nurses constantly by his side did all that could be done to quiet him. Again the sufferer called out:

"Oh, why do they judge me unheard? I'm doing all I can; I'm right; I know I'm right. I'll bring them all through."

And so this high-minded patriotic soldier breathed out his life, a victim to the awful freedom of the press and the but little less awful freedom of speech.

THE Secretary of War has issued an order requiring that a record of the physical condition of every volunteer soldier at the date of his discharge from the military service of the United States shall be made and preserved among the permanent records of the war department. This is an important matter both for the soldier and the government, and will have great bearing on the adjustment of claims for pensions. About 500 such claims have already been filed with the commissioner of pensions, and more are likely to follow.

This order of the Secretary of War prescribes that the record shall consist, first, of the soldier's own declaration as to his physical condition and of any reasons why, in his opinion, it has become

impaired as a result of his military service; second, of the statement and certificate of his company or other immediate commander respecting the case; and, third, of the certificate of a surgeon who is to make a thorough physical examination. If a physical disability is claimed which the surgeon cannot find, or which, being found, did not in his opinion originate in the service in line of duty, the soldier will not be discharged until after he shall have been examined by a board of three other medical officers, who shall make a full report of the case.

If this order is carried out to completeness it will greatly facilitate the prompt adjustment of valid claims for pension, as well as protect the government against fraud.

Col. C. C. Byrne, chief medical officer, Department of the East, early in September inspected the sanitary condition of Camp Black. The result was that he found everything in splendid shape in the camp itself and in its water supply. Failing at first to discover the source of typhoid fever, then prevailing to some extent, he sought elsewhere for it. During the course of his inquiry he wanted to know the kind of wells used by the farmers within a few miles of the camp, along the roads the soldiers were in the habit of wandering while out on leave. This brought to light the fact that a good portion of the wells were from fifteen to twenty feet deep, and were loosely built. Water is plentiful at from fifteen to twenty feet under ground in this neighborhood, and a well is not often deeper.

One of the surgeons then related an instance of water being carried into camp from a well that could not help being polluted. A soldier returning from leave of absence had two full canteens, and was stopped to show what was in them. It was water, and the man explained that he and some of the others liked the water from a certain well, and were in the habit of getting a supply daily, one man in the combination going out every day.

The surgeon who overheard this obtained permission for the soldier to show him this well. When reached it proved to be less than twenty feet deep, and within twelve feet of it was a privy vault. The well was of the loose-built kind, and the walls of the vault were simply rough stone set together without cement, so that the water in the vault might soak away into the earth. The side of the vault was within twelve feet of the well, and the doctor said a steady stream must run from the vault to the well. This was bad enough, but on inquiring at the house he found in it a woman just recovering

from a severe illness, which the doctor said he more than suspected was typhoid in a light form.

Here, then, is the explanation, so far as Camp Black is concerned, as to the source of typhoid fever, and, we doubt not, if an equally careful inquiry were made, its source at other camps would be found of similar origin.

THE annual report of the commissioner of pensions for the year ending June 30, 1898, discloses some peculiarities in regard to ratings for disability found by examining boards, that occasion complaint among the pensioners. It is an evil very difficult to remedy, since the question of personal judgment enters into the subject, and this of necessity is very variable. By way of illustrating these peculiarities and difficulties the report says:

The practice requires that medical examiners shall make a diagnosis and a complete and accurate pen picture of the disability or disabilities of the claimant. They receive a small fee for each examination and detailed report, and such examinations often no doubt are hurried and superficial. Therefore, many of the examinations are not made. As an illustration, it is stated that the bureau found it necessary to cause a test examination to be made of a pensioner. He was sent before four medical boards, three members each, all present. All of these boards were within the classified service. Each examined the pensioner under the same instructions.

Each board made a careful examination and reported the results of their investigations with the usual care, describing the pensioner's disabilities from their standpoint. Each board found unanimously; no minority report. The results, summed up briefly, were: One board could find no ratable disability; another found a ratable disability and estimated it at $8 per month; another board found disability, carefully described it, and rated it at $17 a month, while the other board made equally as careful examination and estimated the claimant's disabilities as third grade—$24 a month. Same man, same conditions, same instructions, and all within forty-eight hours. These physicians are, each and all, I am informed, skilled in their practice, in every way reputable practitioners.

One of the evils in the matter of examination it seems to us lies in disclosing to attorneys and other inquirers for the claimant, the report of the examining surgeons. We see no reason why this should not be treated as confidential, just as are the ordinary relations between physician and patient. If this were so regarded we think the department would get better service.

PERSONAL.

DR. H. G. BENTZ, of Buffalo, an alumnus of Buffalo University Medical College, became a member of the Medical Society of the County of Erie, June 10, 1891. His name should have appeared in the list for that year, published in the September edition of the JOURNAL, p. 100, in A century of medical history. It is a matter of regret that it was omitted, and we shall be glad to make corrections in any similar cases that may be brought to our notice.

DR. NELSON W. WILSON, of Buffalo, has been appointed an acting-assistant surgeon, U. S. Army, and assigned to duty at Fort Porter, in this city. This is a most excellent appointment and reflects credit upon the Surgeon-General's office. Since the return of the Thirteenth Infantry, Dr. Wilson's duties have been of an active character, and we learn that he is giving satisfaction to the officers and the men at the fort.

DR. PRESCOTT LE BRETON, of Buffalo, has located his office at 147 Allen street. Hours, 8-9 a. m., 1-2 and 7-8 p. m. Telephone, Tupper 2326.

OBITUARY.

DR. ABRAHAM M. OWEN, of Evansville, Ind., died suddenly in that city, September 18, 1898, aged 49 years. He had not been in his usual health for about a year, yet neither himself nor his friends supposed he was in an immediately critical condition. He retired in good season and in good spirits on the night of the 17th, but was discovered breathing heavily and in apparent distress shortly before 3 o'clock a. m. His associate, Dr. Edwin Walker, was summoned, but before he could reach the bedside Dr. Owen became unconscious and death came very soon.

Dr. Owen was one of the best known physicians in the United States. His father was a physician and the son early exhibited a desire to pursue the same profession. After spending some of his student life in his father's office, he went to New York and further pursued his studies as a pupil of Professor Frank Hastings Hamilton, M. D. He graduated at Bellevue Hospital Medical College in 1870, and immediately thereafter located at Evansville, where he continued

the practice of his profession until his death. He attained unusual prominence as a physician early in his career and later he became famous as a skilful surgeon. He took an active part in the local, state and national medical societies and was named as treasurer-general of the first Pan-American Medical Congress that met at Washington in 1893.

Dr. Owen was gifted in many ways. In additon to his professional accomplishments he was an easy debater, a graceful speaker —witty, logical and convincing; a delightful companion at dinner or in the drawing-room; a useful and energetic citizen, a most lovable man. A widow and three children—a daughter and two sons—survive; also a sister and two brothers, all of whom receive the sympathy of many hundreds of people throughout the country.

Dr. Franklin E. Burr, U. of B.'90, died at his home at Greely, Col., September 6, 1898, aged 34 years. Dr. Burr was born at Lindley, N. Y., January 5, 1864, and at the age of 16 was left by the death of his father to his own resources. Afterward he went to Cleveland, O., where he engaged in the lumber business, devoting evenings and holidays to the pursuit of education. After three years spent in this way he entered Buffalo University Medical College, from which he graduated in 1890.

Dr. Burr located first in Connecticut, where he remained a year; then at Corning, N. Y., where he practised for two years and a half. His health then failed and he went to New Mexico and Wyoming, finally locating at Greely, Col., where he remained until his death. He soon acquired a reputation for medical and surgical skill, obtaining the confidence of the community, and died regretted by a large clientéle.

Dr. Eugene S. Forman, of Auburn, N. Y., U. of B. '70, died at his home, September 13, 1898, aged 51 years. His death was sudden, and it is announced was caused by apoplexy.

SOCIETY MEETINGS.

The American Association of Obstetricians and Gynecologists held its eleventh annual meeting at Pittsburg, Pa., September 20-22, 1898. The attendance was large and the discussions spirited and instructive.

The next meeting was appointed to be held at Indianapolis, Ind., September, 1898.

The local committee of arrangements, headed by Dr. John Milton Duff, as chairman and Dr. William J. Asdale, as secretary, through their energy and good judgment contributed very largely to the success of the meeting. The complimentary banquet tendered by the trustees and faculty of the Western Pennsylvania Medical College, on the evening of the second day, was a feast worthy of the host and appreciated by the guests. The menus, gastronomic and psychic, were most elaborate in design as well as artistic in service—the one most satisfying physically and the other a charm mentally.

The following-named officers were elected: President, Edward J. Ill, M. D., Newark, N. J.; vice-presidents, Edwin Ricketts, M. D., Cincinnati, O., and A. B. Miller, M. D., Syracuse, N. Y.; secretary, William Warren Potter, M. D., Buffalo, N. Y.; treasurer, X. O. Werder, M. D., Pittsburg, Pa.; executive council, A. Vander Veer, M.D., Albany, N. Y.; L. S. McMurtry, M. D., Louisville, Ky.; W. E. B. Davis, M. D., Birmingham, Ala.; John Milton Duff, M. D., Pittsburg, Pa.; L. H. Dunning, M. D., Indianapolis, Ind., and Walter B. Chase, M. D., New York.

THE Buffalo Academy of Medicine held meetings during the month of September, 1898, as follows:

Section on Surgery.—Tuesday evening, September 6th, program: Duties of medical officers during active campaigning, Dr. Wm. Warren Potter, Brevet Lieut.-Col., U. S. V.; Coöperation of physician and surgeon in abdominal cases, Dr. A. L. Benedict. Discussion by Drs. Frederick, Park, Mann and Congdon.

Section on Medicine.—Tuesday evening, September 13th, program: Chronic joint affections, commonly called rheumatism, Dr. Charles G. Stockton; Rheumatism of childhood, Dr. Benjamin G. Long.

Section on Pathology.—Tuesday evening, September 20th, program: Convicts' skulls and brains, Dr. M. V. Ball, of Warren, Pa. Exhibition of specimens.

Section on Obstetrics.—Tuesday evening, September 27th, program: Some common mistakes in gynecology, by Dr. M. D. Mann; Discussion led by Dr. Frederick.

THE Tri-state Medical Society, of Alabama, Georgia and Tennessee, will hold its tenth annual meeting at Birmingham, Ala., Tuesday, Wednesday and Thursday, October 25, 26, 27, 1898, under the presidency of James A. Goggans, M. D., of Alexandra City, Ala. The secretary, Dr. Frank Trester Smith, of Chattanooga, Tenn., is actively at work preparing the program and all communications bearing on the subject should be addressed to him.

THE Mississippi Valley Medical Association will hold its next annual meeting at Nashville, Tenn., October 11-14, 1898. The attendance promises to be large. Dr. John Young Brown, of St. Louis, is the president and Dr. Henry E. Tuley, of Louisville, is the secretary. The latter should be addressed at 111 West Kentucky street, in relation to places on the program or other details. Dr. George Ben Johnston, of Richmond, Va., will deliver the address on surgery and Dr. James T. Whittaker, of Cincinnati, that upon medicine.

THE American Academy of Railway Surgeons will hold its fifth annual meeting at the Auditorium, Chicago, Ill., Wednesday, Thursday and Friday, October 5, 6 and 7, 1898, under the presidency of Dr. R. Harvey Reed, of Rock Springs, Wyoming. An elaborate program has been prepared by the secretary, Dr. D. C. Bryant, of Omaha, Neb., and an excellent meeting is in prospect.

THE New York State Association of Railway Surgeons will hold its eighth annual meeting at the Academy of Medicine in New York City, November 17, 1898, under the presidency of Dr. C. B. Herrick, of Troy. The secretary is Dr. George Chaffee, of 226 47th street, Brooklyn, to whom all communications concerning the meeting should be addressed.

THE American Microscopical Society, at its recent meeting at Syracuse, N. Y., elected the following-named officers for the ensuing year: President, Dr. William C. Krauss, of Buffalo; first vice-president, Professor A. M. Bleile, of Columbus, Ohio; second vice-president, Dr. G. C. Huger, of Ann Arbor, Mich.; secretary, Professor Henry D. Ward, of Lincoln, Neb.; treasurer, Magnus Pflaum, of Pittsburg; executive committee, Professor S. H. Gage, of Ithaca, N. Y.; Dr. A. Clifford Mercer, of Syracuse, and Dr. V. A. Moore, of Ithaca.

THE Medical Association of Central New York will hold its next annual meeting at Auburn on Tuesday, October 18, 1898, under the presidency of Dr. William C. Krauss, of Buffalo. The secretary is Dr. C. A. Van der Beek, of Rochester, who should be addressed in regard to the program or other details concerning the meeting.

THE New York State Medical Association will hold its next annual meeting at New York City, October 18, 19 and 20, 1898. Dr. Douglas Ayres, of Fort Plain, is president and Dr. E. D. Ferguson, of Troy, is secretary.

COLLEGE NOTE.

MEDICAL COLLEGE CONSOLIDATION.—There is a growing tendency, and one that should be encouraged, throughout the country to a union of two or more weakly medical colleges in any one city and the formation from them of one strong institution. Nashville, Buffalo and New York have led in this reform (though the latter has gained nothing in the way of reducing the number of schools, merely preventing an increase), and now there is talk of consolidation in Columbus, O. The *Columbus Medical Journal* says that a proposition had been made looking to a union of the Ohio Medical University and Starling Medical College as the medical department of the Ohio State University. There are some objections, sentimental and financial, urged against the proposed foundation of the medical department of the State University out of the remains of the two existent schools, but the advantages are patent and should outweigh all objections to the scheme.—*Medical Record*, September 24, 1898.

Our esteemed contemporary might have added Atlanta, Ga., to the list.

Book Reviews.

WOUNDS IN WAR; THE MECHANISM OF THEIR PRODUCTION AND THEIR TREATMENT. By SURGEON-COLONEL W. F. STEVENSON, Professor of Military Surgery, Army Medical School, Netley, England. One volume of 588 pages, 8vo, profusely illustrated. New York: William Wood & Co. 1898.

The literature of military surgery, so-called, has been increased very much by the recent war with Spain. The fact is patent to every practical surgeon that military surgery differs in no wise from civil

surgery, except as to environment. Sometimes the military surgeon must temporise, when in civil life he would be radical, and vice versa. But, given a gunshot wound by a given missile, and the principles of treatment are the same, whether the victim be a soldier or a civilian.

The work before us is a practical exposé of the present status of the treatment of wounds in war. It also takes up the methods of their production through the medium of modern firearms and projectiles. Contrary to the popular belief, immediately fatal wounds on the battlefield are very rare, and when they do occur they are generally due to primary hemorrhage. This, however, is less a cause for apprehension since the now quite general use of the "ready aid" packet, with which each officer and man is supplied. Many lives were saved through this means during the Santiago campaign.

The prevention of sepsis is another important factor in the preservation of the lives of soldiers. This also can be largely done by the intelligent use of the ready aid packet. Beyond everything gunshot wounds should next to never be subjected to the probe. This now almost obsolete method has been a chief cause of wound infection and should only be exercised under the most exceptional conditions and with the most perfect antiseptic care.

This work is full of practical teaching on this and other points connected with the immediate and remote care of wounds in war.

The final chapter contains the agreement between the civilised powers arrived at during the Geneva convention, the articles of which were signed August 22, 1864. Every military officer, and especially every officer of the medical staff, should make himself familiar with the work of this convention.

The question of outside aid to the medical department of the army has always been a difficult one to adjust satisfactorily. It is, however, certain that no army is ever conditioned to render immediate and sufficient aid to all the wounded after a great battle—a battle which numbers the wounded by thousands—no matter how complete its equipment. For days after such a battle volunteer aid societies are of the greatest service in performing duties that cannot possibly be undertaken by the medical staff.

This book is written by an experienced medical officer of high rank, is most interesting in style, instructive in material, and should be found as a part of the equipment of every military medical officer from the Surgeon General to the acting assistant-surgeon.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by THOMAS L. STEDMAN, M. D., New York City. In twenty volumes. Vol. XV., Infectious Diseases. New York: William Wood & Co. 1898.

This volume, like its predecessor, is devoted to the treatment of infectious diseases, the first being influenza. In view of the widespread nature of this disease, reaching as it does into all countries and climes, this article by Ditman Finkler will prove of especial

interest at this time. He gives a brief chronologic reference to its epidemiology from 1173 to the present and also treats of the disease from the bacteriological standpoint. In this latter part of the subject he is exhaustive if not conclusive.

The next topic is typhus fever, which, in view of the new possessions about to come into our hands, will become of greater interest than formerly. It had almost become an extinct disease in the United States, but in Latin-America it finds still a home. That section is written by Eduardo Licaèga, whom our Buffalo physicians will well remember as president of the American Public Health Association when it met here two years ago. On this account the article will possess an added interest.

The other articles treated of in this volume are plague, glanders, anthrax, foot-and-mouth disease, actinomycosis, rabies, pyemia and septicemia, all of which are written by experienced observers and most of whom are experts in the fields in which they discourse.

The volume is a continuation of the series that has already taken a high stand with the profession, and promises, when completed, to be the most complete reference encyclopedia of the practice of medicine extant. The publishers are making the work very attractive.

THE JOHNS HOPKINS HOSPITAL REPORTS. Report in Gynecology. Volume VII. Nos. 1 and 2. Baltimore: The Johns Hopkins Press. 1898.

This institution is somewhat famous for the publication of elaborate reports that, if they do not exhaust the subject, often do the reader. The report under consideration is published with a view, as the author undisguisedly asserts in its beginning, " to prove, from a review of 1,700 abdominal section cases performed from the opening of the Johns Hopkins Hospital in 1889 up to October 1, 1896, that not only is drainage valueless in the great majority of cases in which it has hitherto been used, and is still used by some surgeons and gynecologists, but that it is frequently productive of harm." This question has been so frequently discussed in the special medical societies of late years and so clearly settled as to practice, as well as theory, that we hardly see the necessity of an elaborately weighty report to prove what is already known and is practically unchallenged, or to disprove what every practical abdominal surgeon knows to be the truth.

HANDBOOK FOR THE HOSPITAL CORPS OF THE U. S. ARMY AND STATE MILITARY FORCES. By CHARLES SMART, Deputy Surgeon-General U. S. A. Approved by the Surgeon-General of the Army. Second revised edition. Duodecimo, 358 pages, illustrated. New York: William Wood & Co. 1898.

The usefulness of this handbook is testified to on all hands, and especially by the fact that those most familiar with it are loudest in its praise. It is written by one of the most accomplished officers

in the medical staff of the army, not one of which is more familiar with the needs of the hospital corps. Dr. Smart has seen service in every capacity and all grades up to his present one, in both the volunteer army during the civil war, and in the regular army since that time. Moreover, he is a thorough student of the whole science of medicine as well as of military medicine, and could not fail to be interesting upon any subject which engaged his pen. His thorough knowledge of camp sanitation and military hygiene made him a most valuable aid to the Surgeon-General during the war with Spain, and this book has been of inestimable use to the officers and men of the war who have been so fortunate as to obtain it. It is a safe and adequate guide upon the subjects of which it treats and is commended to the medical officers of the national guard, as well as to those of the regular and volunteer forces in the service of the United States. Every military medical officer should become familiar with its teachings and every commanding officer of company and regiment should make it his duty to study it.

ILLUSTRATED SKIN DISEASES, an Atlas and Text Book, with Special Reference to Modern Diagnosis and the Approved Methods of Treatment. By WILLIAM S. GOTTHEIL, M. D., Professor of Skin and Venereal Diseases at the New York School of Clinical Medicine; formerly Lecturer on Dermatology in the New York Polyclinic; Consulting Dermatologist to the Orphan Asylum of the Sheltering Guardian Society; Dermatologist to the Lebanon Hospital, the Northwestern and the West Side German Dispensaries; Fellow of the New York Academy of Medicine and Member of the New York County Medical Society, etc. New York: E. B. Treat & Co., Publishers.

Portfolios I., II., III. of this important work are in our hands, the first of which deals with the anatomy and physiology of the skin. This section is well arranged, quite exhaustive and comprehensive. The illustrations exhibit special merit, having been selected and depicted with the greatest care.

Portfolio II. is devoted to therapeutics of the skin, classification, and describes the functional disorders: Pruritus, hyperidrosis, chromidrosis and bromidrosis. That part referring to therapeutics is handled with skill and accuracy, being full of detail and eminently practical. The classification adopted is that of Jessner, somewhat modified; the choice was made, avowedly, for reasons of convenience, for at the present day, like that of Hebra, it cannot be defended on any other ground.

In addition to the maladies described in section No. 2, Portfolio III. contains a description of seborrhea, comedo, milium, sebaceous cyst, asteatosis, erythema simplex, livedo, urticaria, prurigo and purpura. In each case a concise exposé of our present state of knowledge regarding them is accurately given, being especially complete in diagnosis and treatment.

The colored photographs employed, necessary to the elucidation of the text, are of unusual interest and must be studied to be appreciated. We cordially commend the work to our readers. E. W.

DISEASES OF THE STOMACH. By WILLIAM W. VAN VALZAH, A. M., M. D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. DOUGLAS NISBET, A. B., M. D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic. Octavo volume of 674 pages. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

The stomach of late has been one of the best worked fields of the entire anatomy. Formerly this was not the case; it was even a neglected organ in so far as scientific investigation is concerned, physicians being content with accepting its subjective symptoms as indicating its pathology and treatment. Now, however, in keeping with the progress in other fields, the functional and organic disorders of the stomach have become about as well understood, and are as intelligently managed as are those of any organ—certainly as well as, or better than, any other organ in the digestive tract.

The work before us has the initial merit of simplicity. The author begins without preface to introduce the reader to his subject, and he hammers at it continually until he completes it. His introduction and classification are brief, next a short section on diagnostic methods, and then the subject proper. Van Valzah is especially strong in his chapter upon diet. There is no greater truth than that uttered on p. 168: "There is no general dietetic cure of the diseases of the stomach. Not only should the diet be suitable for the particular disease, but it should also be proper for the particular patient." It would be well for the laity and especially for our "diet cure" friends to ponder not only this axiomatic fact, but also much more that this author has to say on the subject.

The dynamic affections of the stomach are considered in the fourth section of the book. These are the least understood, or the most misunderstood, of all stomach affections. Our author is clear, forceful and instructive in regard to them. This section will repay careful study by even physicians most experienced in the diseases of the digestive tract.

The next section is devoted to the consideration of the anatomical diseases of the stomach, and is that part of the subject found of greatest interest to the general practitioner of medicine. Van Valzah is not only satisfying in his diagnosis, but is especially so on the subject of treatment. While he is liberal in citing the views of others, he is never doubtful as to his own plans. Finally, we come to the last section in which the vicious cycles of the stomach are dealt with. Every physician, no matter what his specialty, ought to read, even carefully study, this section of the book. It is full of mental pabulum, and will be sure to clear up questions of doubt, especially in the minds of those prone to overestimate the part the stomach itself plays in generating diseases of the system in general.

When we speak of Van Valzah we wish to include his associate, Dr. Nisbet, who is entitled to share full credit with his senior in this admirable treatise. It is written in clear, terse, sometimes epigrammatic English, and is to be regarded as one of the most practical of all the many good treatises on the stomach that have lately been put

forth. We could wish that every physician would possess himself of the book and appeal to it on every doubtful occasion.

BRIEF ESSAYS ON ORTHOPEDIC SURGERY. By NEWTON M. SHAEFFER, M. D., Surgeon-in-Chief to the New York Orthopedic Dispensary and Hospital, etc. Duodecimo, pp. 81. New York: D. Appleton & Co. 1898.

This is a collection of papers published by the author in several medical journals, beginning January 26, 1884, and ending March 27, 1897. As they are accessible in the original places of their publication, and as they settle no moot question pertaining to this specialty, and further, as they present nothing new on this subject, we are unable to find any adequate reason for reprinting them in this separate form, attractive though it has been made by the publishers.

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By JOHN J. REESE, M. D., late Professor of the Principles and Practice of Medical Jurisprudence in the University of Pennsylvania. Fifth edition, revised and enlarged by Henry Leffmann, M. D., Pathological Chemist, Jefferson Medical College Hospital, Chemist State Board of Health, Professor of Chemistry, Woman's Medical College of Pennsylvania, etc. 640 pages. Philadelphia: P. Blakiston's Son & Co. 1898.

The popularity of this text-book, written especially for students of legal medicine and containing the essentials of the science, is unquestioned. It is testified to most heartily in the demand for successive editions at comparatively short intervals. The author was a teacher of the subject for more than twenty years before he put forth this book, and this gave him ample experience. The result has been that it has become the most sought for treatise of the handy variety in the English language. It takes a place somewhat below the large works in the estimation of the well-equipped advanced worker, who desires exhaustive reference volumes, but the practical student and every-day practitioner turns to this book with a sense of satisfaction not elsewhere obtained.

The editor has taken advantage of the preparation of this new edition to add new methods of material value and thus to keep it abreast of the progress of the science. We commend it as the best of its class and as all that is necessary for those for whom it is especially designed.

PUBLIC HEALTH REPORTS (FORMERLY ABSTRACT OF SANITARY REPORTS). Issued by the Supervising Surgeon-General, Marine Hospital Service. Volume XII., Nos. 1–53. Washington: Government Printing Office. 1898.

These reports are of great value to every person interested in public health and sanitation, as applied to the prevention of disease through state and municipal care. They contain a vast amount of information, and since they have been sent out bound in substantial form

they have become easy of reference and their value is greatly increased. They can be obtained by public health officers upon application to the bureau at Washington that issues them.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF CENTRAL NEW YORK. Thirtieth annual meeting held at Buffalo, N. Y., October 19, 1897. Charles A. Van der Beek, M. D., Secretary. Volume IV. Buffalo Medical Journal Print. 1898.

This brochure of 145 pages is a record of the work of this association transacted in a single day. We know of no similar body that does as much and as creditable work in the same length of time, or that places it on record in better form. Since the association began the publication of its proceedings the scientific value of its work has increased in a marked degree. When another volume shall be published, the five then issued can be bound in substantial form and thereby a valuable book containing about 500 pages will be created. The forthcoming meeting of the association at Auburn is expected to be an unusually interesting one, hence the next volume promises to be fully up to its predecessors.

A SYSTEM OF PRACTICAL MEDICINE. By American Authors. Edited by ALFRED LEE LOOMIS, M. D., late Professor of Pathology and Practical Medicine in the New York University, and WILLIAM GILMAN THOMPSON, M. D., Professor of Medicine in the Cornell University Medical College, New York. In four imperial 8vo volumes. Vol. IV.—Diseases of the Nervous System and Mind; Vasomotor and Trophic Disorders; Diseases of the Muscles; Osteomalacia; Rachitis; Rheumatism; Arthritis; Gout; Lithemia; Obesity; Scurvy; Addison's Disease. 1,099 pages, 95 engravings and 8 full-page plates in colors and monochrome. For sale by subscription. Philadelphia and New York: Lea Brothers & Co., Publishers. 1898.

The fourth and last volume of this elaborate, interesting and instructive system of medicine presents for our consideration a most engaging group of diseases. First of these pertain to the nervous system and in the first section are presented diseases of the peripheral nerves, by Frederick G. Finley. Neuritis and facial neuralgia are the most attractive of these, because they are ever present in the practice of the family physician and from this work he may derive inspiration for their management.

Diseases of the spinal cord in their several subdivisions are next offered, and they are written by M. Allen Starr, Christian A. Herter, Edward D. Fisher and D. D. Stewart. They are somewhat exhaustively considered, and this portion of the work cannot fail to be attractive to neurologists. Diseases of the medulla and pons form a section by themselves and are dealt with by Christian A. Herter. Then comes diseases of the brain that are treated of in their severality by J. T. Eskridge, F. T. Miles, F. X. Dercum and Edward D. Fisher. These, too, are somewhat exhaustively considered and form an attractive portion of the work.

In the next section functional nervous disorders are presented to our view and these are discoursed upon in their several subdivisions by Frederick Peterson, Edward D. Fisher, Charles L. Dana, William H. Thompson, James J. Putnam, Charles K. Mills, Morton Prince, W. Gilman Thompson and Wharton Sinkler. These names give an earnest of the character of their work, and we need scarcely add that it is uniformly well done.

Diseases of the muscles, by Frederick G. Finley, are arranged in a separate section and then we come to a group of miscellaneous subjects that closes the volume. There are osteomalacia, by Finley; rachitis, by Jacobi; Addison's disease, by Coleman, and rheumatism, gonorrheal arthritis, arthritis deformans, gout, lithemia, obesity and scurvy, by Gilman Thompson.

From the foregoing synopsis of subjects and authors it will be observed that this volume is one of the most important of the series. Moreover, it has been prepared with great care and will commend itself to the specialist as well as to the practitioner of general medicine. Indeed, the neurologist that expects to keep pace with his specialty, and who as a matter of course must have *all* its literature —certainly its latest and best—will be compelled to possess himself of this volume.

It is handsomely made up uniformly with the other volumes of the series, which, now complete, forms one of the most comprehensive, scientific and instructive additions to the literature of general medicine that has been issued within recent years.

MODERN GYNECOLOGY. A Treatise on Diseases of Women. Comprising the results of the latest investigations and treatment in this branch of medical science. By CHARLES H. BUSHONG, M. D., Assistant Gynecologist and Pathologist to the Demilt Dispensary, New York; formerly Attending Physician to the Northern Dispensary, New York. Illustrated. Second edition, enlarged. New York: E. B. Treat & Co. 1898.

In the issue of the JOURNAL for December, 1893, Volume XXXIII., p. 305, we published some comments on the first edition of this work in which, while in the main were favorable to the book, we yet cited some points wherein we thought improvement might be made. Without repeating ourselves in detail at this time we may remark that our suggestions then made will, for the most part, apply now. This is especially true as regards some of the illustrations.

However, the volume betrays the work of a conscientious student, who is improving his treatise as time advances. He has remodeled some of its chapters, rewritten others and added a new one on hygiene and exercise. It is a handy and useful book of reference for the general physician, and will serve as a primary study for the beginner in this branch of medicine. The publishers have done all that can be done to make the book attractive in its mechanical make-up.

TROPICAL DISEASES. A Manual of the Diseases of Warm Climates. By PATRICK MANSON, M. D., LL. D. (Aberd.), London. One volume of 652 pages, 12mo, illustrated by 88 wood engravings and 2 colored plates. New York: William Wood & Co. 1898.

In view of our prospective possessions in the tropics of both hemispheres it is opportune that we should have a manual of their diseases. Books in general on this subject have been too unwieldy for the traveler, but this one is convenient as to size and is excellent in its mechanical arrangement.

The fevers of the tropics possess unusual interest at this time, rendered doubly so by the fact that our returned and returning soldiers are quite generally affected, in greater or less degree, with some form of fever. Malarial and typhoid fevers appear to be the most prevalent, but, no doubt, there are other forms obscure in type or indistinct in expression that this volume will aid in elucidating.

Besides its handling of these subjects in a most intelligent and satisfactory manner, it sets forth with equally strong portrayal much of great interest in abdominal diseases, infective granulomatous diseases, animal parasites and their associated diseases, skin diseases and of local diseases, undetermined and uncertain nature.

Its numerous illustrations are greatly helpful to a completer understanding of many subjects dealt with, especially the skin and parasitic affections. It is a most commendable treatise, convenient in form, and should be at hand for consultation by every physician who visits the tropics or has the care of those who are returning therefrom.

MEDICAL AND SURGICAL REPORT OF THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK. Edited by ANDREW J. MCCOSH, M. D., and WALTER B. JAMES, M. D. Volume III., pp. xv.—414. January, 1898.

The reports of this hospital are among the very best sent out by similar institutions in this country. The report before us is no exception to the rule. In addition to the usual preliminary pages, containing the lists of managers and staff, it consists of 414 pages, small quarto in size and beautifully tinted, devoted to scientific work. The first paper is by Wm. H. Draper, entitled, On some of the collateral functions of a hospital. It is a most interesting setting forth of the way in which a hospital may be made most useful as a means of instruction, and thus become of greater value to its patients as a place in which to be cured or relieved of disease. Dr. Draper is always an interesting writer, and in this instance has invaded a field of peculiar attractiveness—one not heretofore ploughed and harrowed.

The book is filled with reports of unusual cases and details of their management—not with simply brilliant surgical operations, that of necessity interest the few.

This report may well serve as a model; it is not filled with tables and figures, as is usual in hospital reports, but with science. It is a credit to its editors and to the whole staff of the Presbyterian Hospital.

ATLAS OF LEGAL MEDICINE. By Dr. E. v. HOFMANN, Professor of Legal Medicine and Director of the Medico-Legal Institute at Vienna. Authorised translation from the German. Edited by Frederic Peterson, M. D., assisted by Aloysius O. J. Kelly, M. D. Fifty-six plates in colors and 193 illustrations in black. Philadelphia: W. B. Saunders. 1898.

It would be impossible to overstate the importance of this work, because it furnishes aid in a field heretofore but little cultivated. Medical jurisprudence has usually been meagerly illustrated and for the most part by indifferent or almost valueless cuts. This atlas can be referred to in the reading of any work on legal medicine that has ever been published and especially will it be recognised of inestimable value to coroners and those engaged at inquests. The accuracy of the pictures and the clearness with which they are described make the work of great moment and practically disarm criticism.

REPORT OF THE HEALTH DEPARTMENT OF THE CITY AND COUNTY OF SAN FRANCISCO for the Fiscal Year ending June 30, 1897. Edmond Godchaux, Secretary, San Francisco. 1897.

The importance of complete annual reports of the work of municipal health boards becomes more and more apparent as the years progress. This one bespeaks the energy and efficiency of public municipal sanitation on the Pacific coast. It contains 463 octavo pages, quite largely made up of tables. It is, nevertheless, a contribution to the cause of preventive medicine, and is a credit to the San Francisco health authorities.

BOOKS RECEIVED.

A Manual of Otology. By Gorham Bacon, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by Clarence J. Blake, M. D., Professor of Otology in the Harvard Medical School, Boston. In one handsome 12mo volume of 400 pages, with 109 engravings and 1 colored plate. Cloth, $2 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

The Essentials of Histology. By Edward A. Schafer, F. R. S., Professor of Physiology in University College, London. New (5th) edition. Revised and enlarged. Octavo, 350 pages, with 325 illustrations. Cloth, $3 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

A Text-Book of Practical Therapeutics: With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. deSchweinitz, Edward Martin and Barton C. Hirst. New (7th) edition. In one 8vo volume of 770 pages, illustrated. Cloth, $3.75; leather, $4.50 net.

Transactions of the State Medical Society of Wisconsin for the Year 1898. Edited by Charles S. Sheldon, M. D., Secretary. Octavo, pp. xiv.—583. Madison, Wis.: Tracy, Gibbs & Co., Printers. 1898.

Elements of Histology. By E. Klein, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London, and J. S. Edkins, M. A., M. B., Joint Lecturer on and Demonstrator of Physiology in the Medical School of St. Bartholomew's Hospital, London. In one 12mo volume of 506 pages, with 296 illustrations. Cloth, $2 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

A Clinical Text-Book of Medical Diagnosis. Based on the Most Recent Methods of Examination. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg. Translated, with the author's permission, from the fifth enlarged German edition by Francis H. Stuart, A. M., M. D. Fourth American edition, from the fifth German. Handsome royal octavo volume of over 600 pages, with 194 illustrations, many of them in colors. Prices, cloth, $4.00 net; sheep or half-morocco, $5.00 net. Philadelphia: W. B. Saunders, 1898.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By George F. Butler, Ph. G., M. D., Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago. Second edition, thoroughly revised. Handsome octavo volume of 860 pages, illustrated. Prices, cloth, $4.00 net; sheep, $5.00 net. Philadelphia: W. B. Saunders. 1898.

An American Text-Book of Gynecology, Medical and Surgical. Edited by J. M. Baldy, M. D., Professor of Gynecology in the Philadelphia Polyclinic, etc. Second edition, thoroughly revised. Handsome imperial octavo volume of 718 pages, with 341 illustrations in the text and thirty-eight colored and half-tone plates. Prices, cloth, $6.00 net; sheep or half-morocco, $7.00 net. Philadelphia: W. B. Saunders, 1898.

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Pathology and Morbid Anatomy. By T. Henry Green, M. D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. New (eighth) American from the eighth and revised English edition. In one very handsome royal octavo volume of 600 pages, with 215 engravings, many being new, and a colored plate. Cloth, $2.50 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

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Transactions of the Medical Society of the State of New York. For the year 1898. Edited by Frederic C. Curtis, M. D., Secretary, Albany, N. Y. Octavo, pp. viii.—512. Philadelphia: Wm. J. Dornan, Printer. 1898.

Transactions of the Ohio State Medical Society at its Forty-third Annual Meeting, held at Columbus, May 4, 5 and 6, 1898. Edited by Dr. P. Maxwell Foshay. Small 8vo, pp. 558. Cleveland, O.: J. B. Savage Press. 1898.

Transactions of the American Surgical Association. Volume XVI. Edited by De Forest Willard, A. M., M. D., Ph. D., Recorder for the Association. Octavo, pp. xlii.—318. Philadelphia: William J. Dornan, Printer. 1898.

Manual of Chemistry. A guide to lectures and laboratory work for beginners in chemistry. A text-book specially adapted for students of pharmacy and medicine. By W. Simon, Ph. D., M. D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore; Professor of Chemistry in the Maryland College of Pharmacy. New (sixth) edition. In one 8vo volume of 532 pages, with forty-six engravings and eight colored plates, illustrating sixty-four of the most important chemical tests. Price, cloth, $3.00 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

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Medical Diseases of Infancy and Childhood. By Dawson Williams, M. D., Physician to the East London Hospital for Children. In one 12mo volume of 629 pages with eighteen illustrations. Cloth, $2.50 net. Philadelphia and New York: Lea Brothers & Co, Publishers.

A Guide to the Clinical Examination and Treatment of Sick Children. By John Thomson, M. D., Extra Physician to the Royal Hospital for Sick Children, London; Lecturer on Diseases of Children, Edinburgh School of Medicine. In one crown 8vo volume of 350 pages, with fifty-two illustrations. Cloth, $1.75 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

LITERARY NOTES.

MR. W. B. SAUNDERS, medical publisher, Philadelphia, has in process of publication a series of hand atlases that are of a remarkable character. They embrace almost every department of medicine and are well calculated to aid in the elucidation of many intricate subjects. They are offered at a remarkably low price. This is partially if not wholly explained by the fact that the initial cost of publication in the making of the expensive colored plates is borne by eleven publishers instead of one, as is usually the case, thus making it possible to produce them at a price below their apparent value.

THE *Southern Medical Exchange* is the name of a new periodical that appeared in September. It is published at Atlanta, Ga., and is devoted especially to the trade interests of the physician and druggist

and is said to be the only enterprise of its kind in the Southern States.

THE Bulletin of the Harvard Medical Alumni Association, Number 12, contains the report of the eighth annual meeting, held at Boston, June 28, 1898. Besides the constitution and proceedings, in it is published a full report of the annual dinner, including speeches. This is by far the handsomest and most complete report of a medical alumni association that comes to our table, and its annual appearance in beautiful tint and type is a delight to the reader and a credit to its sponsors.

ITEMS.

AN ARMY medical board will be in session at Washington City, D. C., during this October for the examination of candidates for appointment to the medical corps of the United States army, to fill existing vacancies.

Persons desiring to present themselves for examination by the board will make application to the Secretary of War before October 1, 1898, for the necessary invitation, giving the date and place of birth, the place and state of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from thy authorities thereof. The application should be accompanied be certificates based on personal acquaintance, from at least two reputable persons, as to his citizenship, character and habits. The candidate must be between 22 and 29 years of age and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the board.

Successful candidates at the coming examination will be given a course of instruction at the next session of the army medical school. Further information regarding the examinations may be obtained by addressing the Brigadier-General, George M. Sternberg, Surgeon-General U. S. Army, Washington, D. C.

MICROSCOPE.—Any one in need of a first class instrument will be interested in consulting our advertising columns, p. xxx.

BUFFALO MEDICAL JOURNAL.

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Original Communications.

DEGENERACY.[1]

By WILLIAM C. KRAUSS, M. D., Buffalo, N. Y.

MEETING in a city with a fixed population of 1,200, whose term of residence is fixed by law and many of whom being degenerates, it has seemed appropriate to discuss briefly with you today the meaning of degeneracy, its stigmata, and to suggest some remedies for its mitigation. In treating of this subject I am but following out the line of thought suggested in the admirable addresses of my two predecessors in office, which reflects the increasing activity displayed by physicians, and supplemented by the endeavors of reformers and legislators.

The Association of Assistant Physicians of Hospitals for the Insane has recently taken up this subject and from the rich store of material at command should accomplish excellent results from the standpoint of the psychical degenerate; criminologists, especially of the Italian and German schools, have certainly made wonderful progress in this direction. Medical literature teems with essays on this subject, while jurists, legislative bodies and charity organisation societies the world over are considering plans and devising laws which shall have for an object the amelioration and protection of the degenerate, thus relieving and protecting society from its most dangerous and deadly evil.

Morel's definition of the degenerate, expressed over fifty years ago, is as follows: He said that a degenerate is one whose brain and nervous system are unstable from inherited or acquired taint in the parents, who has in consequence undergone imperfectly the embryological changes to a higher type in tissues or organs, and

1. President's address at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

therefore exhibits tendencies liable to extinguish the race as a type under the usual conditions of the struggle for existence.

Morel was interested chiefly in the study of the most pronounced types of degeneracy, as the idiot, the cretin, the imbecile, and the like, while the new school composed of such men as Lombroso, Benedikt, Ellis, Marro, Krafft-Ebing and others extended the scope and range of their investigations so as to include the criminal, the lunatic, the sexual pervert and other classes of lesser degrees of degeneration.

Morel speaks of the existence of a primitive perfect type of the human race and calls it the master-work and sum of the creation. Degeneration is for him a pathological deviation from this biblical primitive type, a degradation of the progeny. While the physiological deviations are due to the influence of the climate, the nourishment and the habits of life, the pathological deviation or degeneration is due to exaggerations and abnormalities of these influences.

The originally perfect man has been swept away by the doctrine of evolution, and in his stead the new school has set up as the perfect man he who is free as possible from the characteristic features of phylogenetically less mature types. Everything that reminded strongly of possible ancestors of a lower degree was stamped as atavistic and these features are prominently present in those classes of defective or abnormal development.

Many observers, seeing that the pendulum is swinging too far toward atavism, are approaching the problem, as Adolf Meyer[1] so clearly writes, from a point of view similar to this: The so-called normal type is an arbitrary assumption and embraces a large number of physiological variations. It remains to be seen whether certain variations of form or function by themselves or in groups constitute actual signs of degeneration, *i. e.*, whether they are signs of constitutional inferiority with a tendency to become more marked in the offspring.

The degenerate must be considered solely and alone upon the physical, mental and moral stigmata which brand him as an abnormal or atypical man, and prevent him from exerting himself to the highest limit commensurate with his skill and development.

To classify the various stigmata of the degenerate, we may divide the life-history of the individual into three epochs:

1. Americal Journal of Insanity, January, 1896.

(1) *The Pre-natal Epoch.*—Embracing teratological evidence of degeneracy.

(2) *Post-natal Epoch.*—Where the evidence is purely subjective or physical and functional.

(3) *The Post-developmental Epoch.*—Where the evidence is mainly objective or pyschical.

I.—*Pre-natal Epoch.*

The writer is at present unprepared to state positively in how far teratology is to be considered as evidence of degeneracy, but would go on record as stating that the causes underlying degeneration from a physical and psychical standpoint are in the majority of cases identical with those upon which the science of teratology rests.

II.—*Post-natal Epoch.*

Physical stigmata. Objective evidence.

We may divide the physical stigmata into two subdivisions :

(*a*) Morphological deviations from the normal.

1. Deviations of the general proportions of the body—the hands and arms, the feet and the legs, the trunk, the neck, the head as a whole and its various parts, skull, face, nose, mouth, jaws, and the like, may be too small or too large in proportion to the rest of the body, or the stature of the body itself may be out of proportion to the age of the individual.

2. Peculiar forms of special parts—as skull, face, ears, palate, jaws, lips, nose, eyes, brain, thorax and extremities.

(*b*) Functional deviations from the normal.

1. Lack of functional activity of the general organs of the body.

2. Lack of functional activity of the special organs.

3. Developmental irregularities, including habits.

III.—*Post-developmental Epoch.*

Psychical stigmata. Subjective evidence.

The psychical evidences of degeneration may be divided into the (1) Mental stigmata. (2) Moral stigmata. (3) Sensual stigmata.

To take up the various stigmata—physical and psychical—in the short time at my disposal would be utterly impossible and in passing I can only refer to the work done on this subject by several

American authors[1] which harmonise to a remarkable degree. Knowing the character of the various stigmata and their significance the question may well be asked, what constitutes a degenerate and who are the unfortunate individuals or classes?

The old saying, one swallow does not make a Summer, might be paraphrased into, one symptom does not make a degenerate, but the existence of a combination of degenerate symptoms must be given proper attention.

All the systems of the body and not one system only must be studied and investigated before our judgment reaches a decision. Perhaps not one individual in a hundred can be found who does not offer one symptom of degeneracy, one sign of atavism. Some proportion or percentage must be arbitrarily taken, therefore, to decide who is and who is not a degenerate. Dana says about 2 per cent. of normal men have the stigmata of degeneration, while among lunatics, criminals, abortive types of paranoia and primary forms of neurasthenia the percentage is about 30.

Talbot says "an individual is not a degenerate who possesses only one deformity, but those persons who have three or four may be considered as such."

Berry writes that single defects in certain portions may have no direct signification, but the coëxistence of several, involving to a greater or less degree important parts, is indicative of and associated with other physical or moral deteriorations. As Benedikt truly affirms, they are to be viewed as an anthropological variety of their species, at least among the cultured races. Some writers take five as the criterion and draw the line between the two, and this is perhaps the best rule to observe.

The degenerate classes, therefore, consist of idiots, cretins, imbeciles, lunatics, especially the paranoiac maniac and dement, mutes, epileptics, choreics—chronic and congenital, athetotics—chronic and congenital, hysterics, neurasthenics, chronic criminals, prostitutes, sexual perverts, moral and spiritual perverts.

Turning now to the remedial consideration of the subject, we are at the very outset confronted with obstacles and barriers well-nigh insurmountable. The question of "personal liberty," guaranteed by the constitution of the United States, is thought to be

1. Talbot, E. S., Chicago, Ill.
Peterson, Frederick: State Hospitals Bulletin, July, 1896.
Krauss, William C.: American Journal of Insanity, July, 1898

involved in some of the means proposed for the abatement of this evil. But "personal liberty" was never meant to imply "personal license," and the satisfaction of one's desires and caprice contrary to the dictates of social and moral customs, acting detrimentally and working injury to the community or commonwealth, is not tolerable in the present-day civilisation. It is not my purpose to pose as a reformer, but simply as an agitator, for although the world clamors for reform, yet it hates and ridicules a reformer.

Two great factors make up the sum of human life—heredity and environment. By these the characters of individuals or of generations are molded. The perversion of these two factors constitute the two chief causes of degeneracy and their antidotes are (1) prevention and (2) redemption.

Prevention.—The methods proposed bear a close relationship to the causes operating to produce degenerates, and first and foremost of these is heredity.

Heredity has been defined as that peculiar property of an organism which transmits to its offspring the characteristics of its progenitors. If those characteristics are ones of grace, beauty and strength, the offspring will inherit the corresponding qualities of the parent; if, on the other hand, defect and infirmity are the characteristics of the sire, then these qualities will reappear in the young, often with renewed impetus and reinforcement. Moreover, while it is an easy matter for the higher and nobler attributes to become through custom and environment deflected and deteriorated, it is almost an impossibility for the baser and decrepit qualities and conditions to become regenerated and rehabilitated.

These laws hold good not only in the human family but in the vegetable and animal worlds as well; they follow exactly the same course and terminate at the same place. Out of propagated weakness there cannot come strength; out of defects there cannot come perfection. To me heredity is nothing more than a mirror reflecting from one generation to another the grace, beauty and strength, or else the course, ugly, defective features of the one standing before it.

The prevention of conception, therefore, among the degenerate classes and the exercise of control by the commonwealth over the marriages of the unfit, are the two means proposed to thwart the iron grasp of heredity.

The increased complexity of our civilisation indicates the survival, not of the fittest, but of the *unfittest*, and these in their turn—with the seeds of insanity and criminality lurking in their organisation—marry and propagate disease and madness. Marriage, in short, is not physiologically considered, and only too often the most mercenary and sordid considerations are factors in uniting two people altogether unsuited to one another, and whose marriage is the consummation of physical ruin. On the other hand, owing to selfishness and self-indulgence, marriage in some sections of the community is long deferred, and the unnatural suppression of a natural instinct is a prime cause of deterioration, mental worry, and very frequently moral degeneration.

The existence of purely criminal families in which crime has been a distinguishing feature through many generations has been frequently commented on. Thomson cites an example in which there were six convicts in a single household. Déspine quotes a case of three brothers; the first had seven children, of which there were five thieves and one murderer; the second had two children, both of whom were murderers; while the only child of the third was both a thief and a murderer.[1]

The history of the Juke family, as unearthed by Dugdale,[2] gives some idea of the terrible influence of heredity. He calculated that the descendants of one individual, making a family of 1,200 strong, entailed upon the community during a period of seventy-five years an amount of loss and expense equal to $1,250,000. The history of many of these individuals could be traced, and of these 180 were paupers and vagabonds and seventy-six criminals, while of the women, as far as the sixth generation, 52.40 per cent. were prostitutes.

A curious record has just been compiled by Professor Pellmann, of the University of Bonn. It relates to the career of a notorious drunkard, who was born in 1740 and died in 1800. In investigating her history her descendants were found to have numbered 834, of whom 709 have been traced from their youth. Of these seven were convicted of murder, seventy-six of other crimes, 142 were professional beggars, sixty-four lived on charity, and 181 women of the family led disreputable lives.

Perhaps nowhere is the doctrine of heredity more potent than in psychiatry, and in the statistics gathered and published by the

1. J. J. Berry: Medical Age.
2. Dugdale: The Jukes.—A study in crime.

different hospital systems, lunacy commissions and census reports one can gain some idea of the strength and solidity of this doctrine.

The New York State Lunacy Commission, with the large and well-conducted hospitals under its supervision, is able to furnish some figures on the frequency of heredity which must carry some weight and conviction even to those who are inclined to reject the doctrine or those who believe that its importance has been overestimated.

Studying carefully the reports of the eleven state hospitals for the year ending September 30, 1896, I found that the average percentage of heredity to be 25.38, while the percentage since 1888 is somewhat lower, being 23.56.[1]

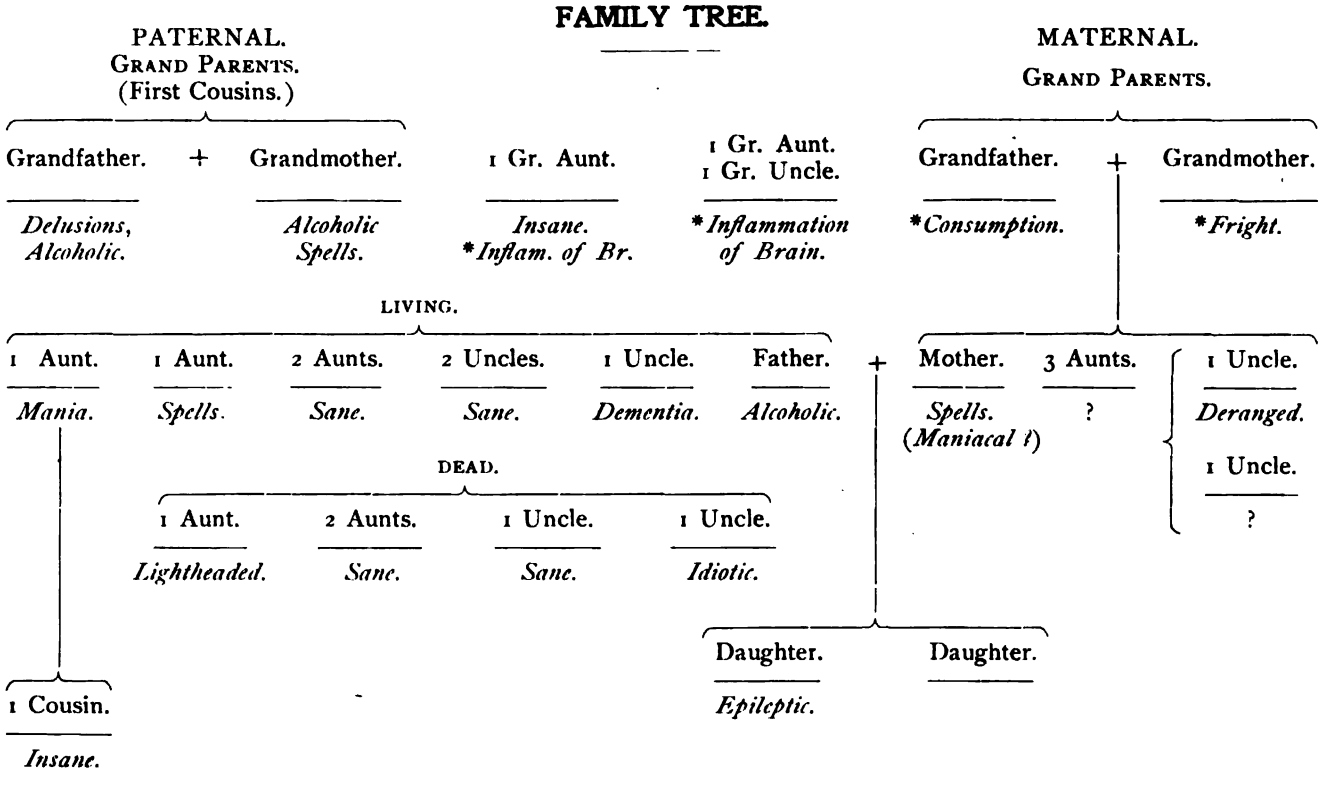
In the census returns of 1890, of 70,340 insane, studied with reference to heredity, 22,077, or 31.38 per cent., had insane relatives; the number having insane fathers was 2,531, and insane mothers, 3,159; insane grandfathers, 784, insane grandmothers, 810; insane uncles, 2,408, insane aunts, 2,034; insane brothers, 3,630, insane sisters, 3,704; insane sons, 465, insane daughters, 480.[2]

An interesting medico-legal case that came to my attention in the Spring of 1891, where a young woman while in a state of psychical epilepsy, threw two children off a high trestle, killing one and seriously injuring another, disclosed a family tree quite remarkable for its neuropathic fruit. (See p. 8.) She was tried, adjudged irresponsible and sentenced to the Buffalo State Hospital. After a seclusion of four years she was released and immediately was married. The issue of this union can be surmised and the necessity for a more careful statute regulating marriage in New York state is obviously manifest.

It is a remarkable fact that notwithstanding the vital importance which attaches to the marriage contract, the rules of law which govern it are conflicting and contradictory and lack uniformity and harmony to a degree unknown in connection with any other species of contract. Every country, every state, prescribes the rules which shall prevail within its borders as to social order and domestic life. While some of the states have thrown some safeguards about the marriage ceremony, others like New York, for instance, have been most derelict in this particular and the highest court in this state

1. Percentage of heredity in New York State insane. Medicine, December, 1897.
2. Kellogg: Text-book of Mental Diseases (1897).

FAMILY TREE.


PATERNAL.
GRAND PARENTS.
(First Cousins.)
Grandfather. + Grandmother.
Delusions, Alcoholic.
Alcoholic Spells.
1 Gr. Aunt.
Insane.
*Inflam. of Br.
1 Gr. Aunt.
1 Gr. Uncle.
*Inflammation of Brain.
MATERNAL.
GRAND PARENTS.
Grandfather. + Grandmother.
*Consumption.
*Fright.
LIVING.
1 Aunt. Mania.
1 Aunt. Spells.
2 Aunts. Sane.
2 Uncles. Sane.
1 Uncle. Dementia.
Father. Alcoholic.
Mother. Spells. (Maniacal ?)
3 Aunts. ?
1 Uncle. Deranged.
1 Uncle. ?
DEAD.
1 Aunt. Lightheaded.
2 Aunts. Sane.
1 Uncle. Sane.
1 Uncle. Idiotic.
Daughter. Epileptic.
Daughter.
1 Cousin. Insane.

has decided, that a man and woman without going before a minister, or magistrate, without the presence of any person as a witness, with no previous public notice given, with no form of ceremony, civil or religious, and with no record or written evidence of the act, and merely by words of the present, may contract matrimony.[1]

The marriage laws of all the states are lax enough, but in New York, New Jersey, New Mexico, Montana, South Carolina and Wisconsin, even the marriage license, generally issued by the town clerk or registrar, is omitted. In the parish of Orleans, Louisiana, the board of health is designated to issue the license. At the last session of the Ohio legislature, Mr. Charles W. Parker introduced a measure which takes an advanced position on the subject and is the most progressive of any law yet proposed.

The bill provides that all persons seeking marriage license shall be examined by a board of three physicians, to be appointed by each county probate judge, who shall examine such persons to see that they are free from insanity, dipsomania, tuberculosis, cancer, venereal and other heredity diseases and are not criminals.

For this the author and even the state have been caustically criticised, but in reply to his critics Mr. Parker makes the following eloquent and timely reply: "It only aims to protect society and benefit the race. Dr. Doren has about 1,100 imbeciles under his charge as wards of the State. The majority of these unfortunates came into the world as the result of unwise marriages. Not a few of them are the direct result of persons of low intelligence marrying. It is a well-known fact that like begets like, drunkards begets drunkards and imbecile fathers have imbecile sons. A great deal is being said about degenerates and the rearing of professional criminals. In the majority of the cases their existence depends upon the marriage of persons who would not be permitted to contract such a sacred relation if some law similar to my bill were on the statute books."

The enactment of this bill into a law and reasonable enforcement may not act advantageously at first, since marriage laws change with geography and a ceremony in a neighboring state where no conditions are required would tend to nullify the objects sought after in the Ohio law.

With its hospitals for the insane and mentally infirm full to overflowing, its charity organisation societies complaining because of lack of funds on account of the increased demands upon their resources, its state prisons and reformatories crowded and a record

1. Snyder: Geography of Marriage.

of crimes committed during the past year unsurpassed, it is high time that the Empire State should follow quickly in the footsteps of its sister state and enact and then strictly enforce a law built on the same general plan as the Ohio law.

The other remedy proposed for grappling with the monster heredity, is asexualisation, which has of late received some attention by medical writers and at least by two state legislatures.

A bill has been introduced into the Michigan legislature by W. R. Edgar, providing for the castration of all inmates of the Michigan Home for the Feeble-Minded and Epileptic before their discharge; also for that of all persons convicted of a felony for the third time, and of those convicted of rape.

A similar bill has been introduced and favorably acted upon by committees of both houses of the Kansas legislature for the punishment of rape. Whether these measures have become laws, I have been unable to ascertain.

In 1881, Dr. C. H. Hughes, of St. Louis, first promulgated the castration plea in the following words: "For certain of the criminal class, and for certain defectives to whom liberty might be given, surgery suggests a plan less radical than that of Lycurgus, and more effective, and more appalling to real crime than guillotine or halter; equally conservative of mental and moral health, and in some instances absolutely curative of the individual."

It is difficult to say whether any practical headway will be made with this proposition, as it is radically different from any means of punishment now in vogue. It is a penalty unusual but not unreasonable, and deserves careful discussion and continued agitation.

Next in importance to the prevention of degeneracy is the redemption of degenerates and here *environment* is the all-important factor. Time, however, will not permit me to take up this question of the redemption or reclamation of the degenerate, but it can be carried out practically as readily as the methods proposed for prevention.

371 DELAWARE AVENUE.

THE PAIN OF INTESTINAL OBSTRUCTION.—A. H. Cordier (*Medical Herald*) says that a continuous and severe pain means a complete obstruction. A continuous mild pain with exacerbations implies a partial obstruction, such as chronic stricture or incomplete closing of acute intussusception. The location of the pain does not designate the site of the obstruction, unless of inflammatory origin.

DIAGNOSIS AND SURGICAL TREATMENT OF SUPPURATIVE PELVIC DISEASES.[1]

By JOSEPH PRICE, M. D., Philadelphia, Pa.

I ALWAYS feel highly complimented when asked to read a paper or discuss a subject before a society in good standing in the American Medical Association,—our great national, representative organisation,—to men with the passport of the national association to good professional society. I infer from my card that I am here to discuss two subjects: First, the diagnosis of suppurative forms of pelvic disease; second, the surgery of the same.

It will not be disputed that in dealing with the numerous diseases of women the element of the possible always enters in, that it is possible that something else—very much else—may exist other than that which we diagnosticate; that it is of the utmost importance that the highest faculty of diagnosis should be exercised —one educated by experience. I always urge upon my pupils the value of months, even years of service in some gynecological dispensary, the importance of methodical examination of patients, their examination before and after purgation. And further, while daily opportunity is afforded to examine patients suffering from a variety of troubles, they are to read both old and modern authorities on diagnosis and methods of examination. Had our profession that accurate knowledge of diagnosis they should possess, and which is, with the facilities at our command, of possible attainment, we would have but few chronic cases, and rarely ever a death from delayed or neglected operations. If an early operation follows a positive diagnosis early in the natural history of cystoma, fibroids, ectopic pregnancy, appendicitis or suppurating tubes, the results are about always perfect. The importance of early surgical interference in all forms of acute infectious diseases is vital if we would save all sufferers.

Our knowledge of pelvic inflammation or infectious troubles is now of a more precise nature than ever before. The confusing old nomenclature is fortunately being dropped or forgotten. Old authorities and practitioners failed to recognise small pelvic growths and tumors no larger than the uterus; they also failed to recognise tubal occlusion with retention of blood, pus or water—tubes quite as large in some cases as bananas or sweet potatoes. The stupid old practice of feeling the cervix and passing a sound is about as

1. Read before the Buffalo Academy of Medicine, June 28, 1898.

far as they went. Our examinations now are careful, methodical, our reasoning as to conditions more logical, our conclusions more in line with scientific principles; we differentiate between those conditions we can relieve or cure and those beyond our skill.

At present most clinicians make an earnest effort to determine early whether salpingitis with occlusion and adhesions exist or do not exist. In the early stages of salpingitis the symptoms are usually sufficiently prominent for a diagnosis. We have the history, the subjective signs, vaginitis, the discharge, local pain, temperature; objective symptoms, localised or general tenderness, fixation of uterus, tubes and ovaries—commonly more marked on one side than on the other—tortuous and enlarged tubes on one or both sides, the uterus commonly displaced and partially or completely fixed. In the more chronic forms of tubal and ovarian disease the tubes are usually found large, firm and tortuous, turned upon themselves on one or both sides of the uterus posteriorly and fixed. Ovarian abscesses are always perfectly round and symmetrical, exceedingly tender and painful. I would urge the importance of recognising tubal enlargement and fixation, and the relations distended tubes bear to a free or fixed uterus. The size, position, mobility and relation of uterus to surrounding parts is easily determined in most cases. In some cases it is very difficult to determine the position of the uterus, either by the bowel, vagina or an open abdominal incision. In a good number of cases you find the pelvic cavity full, nearly or quite, to the umbilicus. Beginning from above we find a fixed omentum, sometimes greatly thickened and disorganised; below the omentum we find the small bowel and all surrounding parts, sometimes adherent to small bowel involving sigmoid, head of cecum and appendix. The bladder is occasionally found adherent to omentum or bowel. In about 6 per cent. of suppurating appendages the appendix is involved on the right side. In about the same percentage the sigmoid is involved on the left side, is cheesy and disorganised to or through the mucous coat. Ideal, completed, perfect surgery is not easy. Patience, courage, endurance, a long surgical discipline and experience are essential to good and successful work. The operator should be as deft with his needle as the most skilled needlewoman.

Does this fact explain why so many operators at home and abroad practise the ancient method of vaginal puncture for tubal and ovarian suppurations? There has been a real back-out from what I would call complete surgery.

A few years ago I said to my friend Dr. McMurtry, of Louisville, that pelvic surgery as we were then doing it would become a lost art, that the profession was drifting that way and fast. I knew perfectly well that the men who were operating for pain were not prepared to deal with the complicated cases that would drift into their hands.

As yet we have no very precise knowledge of the particular germ responsible for the destruction of the pelvic viscera of so many women. We do know that if we could get rid of gonorrhea that pelvic suppurations would be rare. To say that neglected abortions or unscientific midwifery is responsible is putting it too strong and against facts and conditions of our everyday observation. I find the diagnosis of pelvic suppurations easy. I say easy because errors rarely occur. I see patients in my hospital and outside and in consultation with a good number of good clinicians. They give me a simple history of pelvic peritonitis, acute—the first or second attack—they also tell me they find fixation on the right, left or both sides, the uterus displaced, or in good position, and commonly a history of gonorrhea. Practitioners very commonly question husbands very pointedly on this subject. Years ago I did so; now I do not. I have come to regard it as a cruel practice; it avails nothing, the mischief has been done. I am satisfied without asking questions where the cause of the trouble lies. A study of pelvic disease by all our well-known methods from below, followed by careful study through a suprapubic opening, gives one a very perfect mental picture of both sides of the trouble. We are familiar with the pain and tenderness, with the tortuous, fixed appendages, or with the large ovarian abscesses, or the still larger fibroid, suppurating dermoids and large boggy blood accumulations. In the upper view we have the adherent omentum and bowel and large, smooth, tortuous and fixed tubes, filling the pelvic basin. If the pavilion extremity of the tube is fixed to the ovary we have the ovarian abscess, or tubo-ovarian puriform accumulations. If disorganisation or leakage of either tube or ovary has taken place, we have two, three or four or more pus accumulations within the fifth, walled in by adherent bowel and omentum above.

Could I dismiss or pass by all the adhesions, omental and bowel, bladder and uterine, disorganising appendix and sigmoid, numerous small and extensive adhesions of ileum, I would reject the abdominal and adopt the vaginal route, and rejoice that I had but little to do but the simple extirpation of the uterus and diseased

appendages, as practised by one group of operators, or that of another, the least dangerous of all primary procedures, simple vaginal puncture and drainage. I say unhesitatingly that no one is prepared to treat these conditions without a good mental picture of them from both above and below.

Bowel lesions have always interested me and I am very careful in repairing them after the removal of suppurating tubes. I have always considered it a very important part of the work.

241 NORTH 18TH STREET.

THE USE OF ELECTRICITY IN ACNE VULGARIS AND ACNE ROSACEA.[1]

BY GROVER WILLIAM WENDE, M. D., Buffalo, N. Y.,
Clinical professor of skin diseases, University of Buffalo.

NOWHERE within the wide domain of medical science can be found a class of diseases so manifold in manifestations, so embarrassing to the patient and so trying to the physician, as the class known as "the acnes." These consist of two distinct affections—namely, acne vulgaris and acne rosacea. Each of them possesses peculiar and striking features, the one being marked by its well-defined varieties and the other by its characteristic stages and complications.

Acne vulgaris consists of an inflammatory and functional disorder of the skin, having its seat in and around the sebaceous glands; while acne rosacea is an abnormal chronic hyperemia of the face, characterised by redness, dilatation, enlargement of the blood-vessels and connective tissue hypertrophy. It usually consists of two processes, an acne and a rosacea, the acne being secondary.

The discussion of these maladies, generally so insignificant and harmless, might, at first glance, appear quite common-place were it not for their frequent occurrence and chronic course. However, an honest practitioner, estranged by a groundless suspicion of a blood dyscrasia, will, upon careful investigation, establish many interesting points of practical value regarding their true nature and therapy—points not so readily discernible in other skin affections—which will well reward his efforts to bring about a cure.

The fundamental idea of the treatment of acne is to remove disfigurements by the employment of such local applications to the

1. Read at the eighth annual meeting of the American Electro-Therapeutic Association, at Buffalo, September 13-15, 1898.

affected parts as are calculated to produce stimulation and discourage hyperemia. The attempt is then made to remove the cause of the disease by internal administrations. Here we are often at a loss, by reason of the various concealed contingents of the affection. Hence the treatment of acne, as a rule, depends upon two factors, the local and the constitutional. The effort should always be made to exterminate the one from which the more danger is likely to result. We must endeavor to determine the source of the characteristic irritation before we can treat the disease intelligently and with any hope of success—in fact the only hope of successful treatment lies in an accurate knowledge of its etiology. Accordingly in many cases where the cause is definitely known the result is favorable; while, on the other hand, if the etiological factor is obscure, all remedies, no matter how much extolled, will utterly fail. The treatment of these conditions must depend on the special features of each case.

According to Dr. Bulkley, the causes of acne are: (1) General—pertaining to classes of cases; (2) Special—constitutional and systemic; (3) Local.

There are, however, numerous cases whose causes are ill-defined and which do not respond to ordinary treatment, but present features which demand special remedies. According to my experience, these should be assigned to the last division of the classification made by John Hunter and based exteriorly upon therapeutic results:

(1) Those that sulphur will cure; (2) Those that mercury will cure; (3) Those that the devil himself cannot cure.

Owing to the rapid strides made by electricity, cases of acne that were formerly found under this last heading only, have gradually grown less, so that, now, those that do not yield to ordinary treatment can, in a majority of cases, be successfully overcome by the use of the electric current. When this is applied to the cutaneous surface the process is characterised as electro-dermatotherapy. A large proportion of skin diseases is due either to an exalted or depressed condition of the nerves which govern circulation, excretion, secretion and nutrition, and the employment of electricity in these instances has been fully sanctioned by modern investigations.

It is not impossible that during the development of the body—from fifteen to twenty-five years—the excretory powers of the sebaceous glands are largely due to the influence of the nervous

system. By reason of this, their functional activity is much increased and a greater amount of sebaceous matter is produced, whereby the common ducts and orifices are likely to become obstructed. It is indisputable that the more the subject is studied, the more certain it is to appear that an exalted or depressed condition of the nerves controls the secretions of the sebaceous glands. This is most apt to occur at puberty. Indirectly, the functional disturbance is frequently brought about by the influence of certain particular organs, in which case special consideration and treatment will be demanded.

In many cases the local cause of acne exists independently and will be found to be due to the sluggishness of the integument. The cutaneous muscles are deficient in tone and do not respond to the contractile power of the nerves controlling them, while the epidermis is thick, opaque and devoid of expression. This is the most favorable condition for the development of a general acne. These special conditions may be remedied by either general or special treatment.

Before adverting to the benefits to be derived from the application of electricity in certain forms of acne, it is important to note that the current may be employed to advantage in two different ways: (1) By electric stimulation and irritation, to be applied by means of the ordinary sponge-electrodes; (2) By electrolysis, for the destruction of chronic and indurated lesions, using the ordinary electric needle.

In the employment of the sponges it is not necessary or expedient to open the pustules or remove the comedones. Solution of continuity should be avoided. The galvanic current should be applied in exact accordance with the bipolar method, as follows: The electrodes, after having their surface properly covered with moist absorbent cotton, are placed upon the face, in close proximity to each other, and their position is constantly changed until the skin becomes well reddened. The current must be continuous and is to be regulated by the ability of the patient to endure pain. Should the skin be extremely sensitive, the anode can be held *in situ* and the cathode employed is gently stroking the face. To be thoroughly effective, five or ten cells are generally required; an application fifteen minutes in duration is usually sufficient to accomplish the desired result.

To cause a more sudden resolution in chronic manifestations, such as indurated papules, electrolysis is made use of, by puncturing

the lesions at the center with an irido-platinum needle, as many times as the peculiar condition may seem to require. The puncture must be made by the galvano-negative ; a current of from one to four milliampères will usually be sufficient.

My own experience with electricity in its therapeutical relations to acne vulgaris has been limited to twenty-two cases which have failed to respond to the usual remedies and methods. After a three months' trial, the application having been made on alternate days, three of the cases seemed to have received no benefit, eight were partially cured, while the remaining ones manifested but a temporary improvement. As in other forms of treatment, relapses occurred—a frequent sequence of acne; however, these cases would afterward respond to the current, showing the best results in the treatment of this particular condition by electricity.

The report of a case that had resisted every known treatment, but, at my hands, easily yielded to the forces of electricity, is here given to illustrate how intrinsically interesting and wonderful are the effects of this more modern agent in connection with acne, even in the most obstinate and defiant cases :

Josephine J., aged 35; first seen by me in June, 1895; family history unimportant; had suffered from acne since the age of 16. She presented no physical signs of disease; there were no digestive disturbances and no irregularities in menstruation. When she came to me, her cheeks, chin and forehead were literally covered with papules and pustules in different stages of formation; there were also numerous well-defined scars of a moderate character, one-eighth of an inch in diameter and especially noticeable upon the temples, neck and the upper and outer portions of the cheeks. The appearance of the patient would seem to indicate that she was suffering from a large papular syphilide; indeed, she had been treated for this affection on several occasions by other physicians. For two years she received from me the recognised treatment for the malady. Her diet was restricted and moderate, and increasing exercise was advised. The remedies which were administered internally mainly consisted of different alkalies, ergotine, iron and general tonics, as the exigencies of the case required. Externally, various applications, composed of well-known drugs, such as sulphur, bichloride of mercury, ichthyol, boracic acid and the like, in different proportions and combinations, were employed. Notwithstanding these efforts, and the benefit usually derived from these remedies in like cases, the lesions continued to develop. Eventually, it was determined to discard everything in the line of material agencies and to begin the use of electricity. The active and most prominent lesions, such as the large papules and pustules, were first destroyed by inserting into the center of each a sharp-pointed irido-platinum needle, connected with the negative pole, while the positive sponge-electrode, well moistened, was placed in the patient's hand. A weak current not exceeding five milliampères was employed and its effects were carefully watched. When the skin became blanched and a clear, white ring of froth formed around the needle it was withdrawn. In the majority

of instances, two or three sittings were necessary to insure complete removal. Having thus cleared the face of the larger papules and pustules, the next thing was to remove the smaller lesions and erythematous blotches. This was accomplished by allowing the galvanic current to pass through moistened sponge-electrodes, placed in close proximity upon the face, and gently moved about until a sensation of warmth was felt by the patient and the skin was generally reddened. Usually it would be from fifteen to twenty-five minutes before the electrodes were removed. The applications were made on alternate days and extended over three months, when the patient was discharged as cured. The use of the needle left no scars. More than eight months have elapsed since the treatment was discontinued and there has been no return of the affection.

In considering acne rosacea, a few of the special influences at work in connection with the disease should be mentioned, that a rational idea may be formed concerning its proper treatment. The affection at first manifests itself as an angioneurosis, undoubtedly due to excessive irritability of the muscle-tone of the cutaneous vessels, characterised in the initial stage by prolonged or rapidly repeated stasis in the capillaries. All the superficial pathological changes are based upon this simple fact. It is interesting to observe in these cases the intimate connection of the sympathetic and the circulatory systems; this being especially marked in cases where there is rapid development and repeated change. When the indications seem to demand quickened circulation, for the purpose of aiding absorption and changing nutrition—these being usually apparent in the earlier stages of acne rosacea—we have every reason to believe, from analogy, that external galvanism will sooner restore the skin to its normal condition than the stimulating effect of sulphur or that of any other drug, topically applied. In addition to its effect in altering the local condition, it relieves the reflexes to which the disease is frequently due. We have thus a rational explanation of the origin and nature of the disease, for no part of the body can be healthy unless there is an harmonious interdependence between the histolytic and the histogenetic functions.

As an illustration of the beneficent results derived from the more direct electrical treatment by galvanism, the following case may be cited:

Mrs. K., aged 36; delicate and nervous constitution; married; has had two children; habitually constipated; poor circulation; hands and feet apt to be cold; subject to headache; very nervous immediately prior to menstruation; first affected six years ago. The face, on the cheeks, nose and forehead, on the mesial line, had become intensely red; the capillary vessels were dilated and a number of disseminated inflammatory papules were visible. The measures employed for this particular form of the affection were both local applications and constitutional

drugs. No factor or feature of the case was overlooked; the dietary was modified, constipation was relieved and the uterine disorders were duly considered. There was, however, no improvement in the hyperemic nature of the difficulty and the nervous condition of the patient seemed to be augmented. But, however, after a time corresponding to that covering the regulation treatment, some eight or nine months ago, galvanism was employed by placing the anode on the abdomen over the solar plexus and gently stroking the affected parts of the face with the cathode. At the expiration of eight weeks the condition of the patient was materially ameliorated, clearly demonstrating the value of the electric method over all others.

In cases where hypertrophic changes ensue, with an actual increase of connective tissue, and the bloodvessels are tortuous and largely dilated, electrolysis must be resorted to, in addition to galvanism topically applied. It has been my own custom in applying the electric current to follow the plan adopted by Hardaway, which he claims is less painful and more effectual than to pass the same amount of current through the ordinary sponge-electrode. His plan consists in attaching the needle, or needles, used for the destruction of the hypertrophy and dilated blood-vessels to the anode, and in connecting the cathode with a bowl of water into which the patient introduces one finger or more, as may be necessary to complete the circuit and accomplish the desired result. In cases having a moderate amount of diffused redness, transversed by tortuous capillaries, a disk electrode should be used, in which may be placed ten or fifteen cambric needles for introduction into the affected skin. A weak current, measuring two or three milliampères, of one or two minutes' duration, is usually sufficient. The next insertion should include the edges of the places previously treated. The vigor of the application naturally varies and should be governed by its reaction, which is manifested by redness and tumefaction in the parts treated. If carefully watched, no inconvenience to the patient will result and the action of the current will be thoroughly satisfactory. No more than three or four areas should be treated at one sitting, nor should the same locality receive treatment oftener than once in a fortnight.

For the destruction of enlarged veins, a broad-pointed needle is recommended, which should be thrust into the vessel and a current of about three milliampères allowed to pass into the affected part. If the vein is long and tortuous, the operation must be repeated according to circumstances. A given portion of the surface can be successfully treated at one and the same time. If ordinary care is taken in the course of the operation, and it is

skilfully performed, there will be no evidence of cicatrisation, even under a magnifying-glass.

In conclusion, we must all admire the use of electricity in the treatment of the disease here named. It is not only most beneficent to the public, but it is an exceedingly valuable remedy in the hands of the profession—more valuable than any other which is calculated to relieve rosacea employed either in medicine or surgery. It is especially efficient in connection with the peculiar appearance to which the terms "red light" and "grog-blossom" have so pertinently been applied by almost everybody, both laymen and professionals, and of which a classical instance is furnished in Shakespeare's wonderful description of the face of the doughty Bardolph:

"His face is all bubukles and whelks and knobs and flames o' fire; and his lips blow at his nose, and it is like a coal of fire, sometimes plue and sometimes red."

471 DELAWARE AVENUE.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

BY WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Medical Officers of the Civil War—Women Physicians—History of Homeopathy—Individual Members of the Profession.

[*Continued from the October edition.*]

ALUMNI ASSOCIATION.—In 1871 the subject of organising an association of the alumni of Buffalo Medical College was agitated and many conferences on the subject were held between members of the faculty and prominent alumni. An organisation was finally perfected with Thomas D. Strong, '51, of Westfield, for its president. The first public meeting, however, was not held until February 23, 1875, and then in connection with the exercises of commencement day. An address to the alumni was delivered in the evening by Dr. William Warren Potter, in St. James's Hall, that stood on the site of the Iroquois Hotel. The graduating class was addressed on the same evening by Professor James P. White. At the first banquet of the association, held at the Tifft House, after the conclusion of the exercises at the hall, Dr. Thomas D. Strong presided, grace was said by the Rev. G. W. Heacock, D. D., and

Professor James P. White responded to the first toast, "Our Alma Mater."

Meetings have been held with regularity every year since 1875, large numbers of the alumni have attended each year and they have contributed to greatly increase the interest in commencement day. The part they have acted during the evening exercises and at the

GENERAL ALBERT J. MYER.

annual banquets has been a distinguishing feature of the ceremonies incident to the commencement exercises. Many of the alumni distinguished themselves during the civil war and some were found on almost every battle-field ministering to the wounded and otherwise performing duties as medical officers. Several of them received wounds while in the discharge of duty, and a number were taken prisoners. Some also have taken an active part in the recent war

with Spain. It would be interesting to speak in detail of many who have so distinguished themselves, but a limited space prevents. It is fitting, however, that we should speak of one whose name and fame became coëxtensive with the boundaries of the globe. Albert J. Myer, of the class of '51, entered the United States Army as assistant surgeon in 1854, and soon afterward was assigned to duty in Texas. There he devised a single hand deaf-mute alphabet, and still later he invented and put into practical operation a system of military signals that was adopted by the army and which contributed inestimably to the success of our armies in the civil war.

A separate signal service bureau was created by act of congress, and Dr. Myer was placed at the head with the rank of Brigadier-general. After the war General Myer, who was gifted with a scientific mind as well as with inventive genius, prepared a code of weather signals that has become the basis of the present system in operation throughout the world, and which gained for him the familiar title of "Old Probabilities." He died at Buffalo, August, 1880, and his remains rest in a beautiful mausoleum in Forest Lawn Cemetery.

Medical Department, Niagara University.

In 1856 an academic school, called the Seminary of Our Lady of Angels, was established near Suspension Bridge. In 1883 this seminary was erected into a university by the regents at Albany, with authority to establish any of its colleges in Erie county. A department of medicine was thereupon organised by Niagara University, which was located in the City of Buffalo. The chief promoter of the enterprise was the late Dr. John Cronyn, of Buffalo, who in connection with Bishop Ryan and the other officers of the university succeeded in establishing the new medical school in season to begin operations in September, 1883. Its requirements for admission, instruction and graduation were that students must pass a matriculation examination in such branches as were considered necessary to fit them for the study of medicine; a course of three years' study to comprise three full lecture terms of six months each; and a final examination by a separate board appointed by the trustees. These demands were in advance of the requirements then usually in force.

The first faculty consisted of the following-named gentlemen: John Cronyn, professor of the principles and practice of medicine and clinical medicine, president; Thomas Lothrop, professor of obstetrics, vice-president; William H. Heath, professor of descrip-

tive and surgical anatomy; Augustus R. Davidson, professor of chemistry, pharmacy and toxicology; Henry D. Ingraham, professor of gynecology and diseases of children; Charles G. Stockton, professor of materia medica and therapeutics; Charles C. F. Gay, professor of operative surgery; William S. Tremaine, professor of the principles and practice of surgery and clinical surgery; Clayton

MEDICAL DEPARTMENT, NIAGARA UNIVERSITY.

M. Daniels, professor of clinical surgery, physiology and microscopy; Alvin A. Hubbell, professor of ophthalmology, otology and laryngology; Hon. J. M. Congdon, professor of jurisprudence. The Rt. Rev. Stephen V. Ryan, D. D., was announced as chancellor of the university and John L. C. Cronyn was appointed demonstrator of anatomy. Of these Drs. Lothrop, Ingraham and Hubbell

now hold professorships in Buffalo University Medical College. Bishop Ryan, Drs. Cronyn, Davidson, Tremaine and Gay are dead; Drs. Stockton and Heath are teaching in Buffalo University; Drs. Daniels, Fell, John L. C. Cronyn and J. M. Congdon resigned.

Dr. C. C. F. Gay, who first occupied the chair of surgery, was distinguished in his department. He served on the surgical staff of the General Hospital as well as that of the Sisters of Charity Hospital, and withal was an eminent citizen. His death occurred March 27, 1886. In 1889 Dr. Herman Mynter was appointed to the chair of surgery, which he continued to hold until the college was merged with that of Buffalo University in June, 1898.

The college opened with a class of ten students. The first lectures were delivered at the Buffalo Hospital of the Sisters of Charity, and later, lecture rooms were secured in the Young Men's Christian Association building. In 1884 a college edifice, located on Ellicott street, between Broadway and Clinton, was constructed and made ready for occupation about January 1, 1885. In 1891 this building was enlarged to greater proportions to meet the increased demands for larger laboratories and ampler lecture rooms.

Dr. Augustus R. Davidson, who was at first professor of chemistry and to whose chair later the department of dermatology was added, died May 25, 1888, aged 43 years. His death was a severe blow to the college and the vacancy created thereby was not easily filled. The chair of chemistry was divided, William H. Pitt becoming professor of general chemistry and physics and John A. Miller, professor of medical chemistry and toxicology.

The first commencement exercises of the college were held at Association Hall on the evening of April 12, 1886, at which time the degree of doctor of medicine was conferred upon the following-named candidates: Edward J. Murphy, Thomas Hill, George W. T. Lewis and Anthony Hill, Buffalo; Ravell B. Parks, Jamestown; George M. Wetherill, Toronto. The method of conferring degrees adopted by this college was known as "hooding," an ancient rite observed in many English universities.

The first address to the graduates was delivered by Dr. Simeon T. Clark, of Lockport, professor of medical jurisprudence, who had been appointed to the chair, vice Joseph M. Congdon, resigned. Dr. Clark, a gifted and versatile man, was seized with apoplexy while in the performance of his professional duties, and died in the midst of a useful life, December 24, 1891.

As before stated, this college, in obedience to the growing sentiment in favor of consolidating medical schools wherever practicable, was united with the Medical Department of the University of Buffalo, June, 1898. It, however, has left the influence of its good work upon the profession of this region and will always be respected for the stand it took in favor of higher medical education at a time when sacrifices were required to establish a school on the lines it adopted.

ALUMNI ASSOCIATION.—An alumni association of Niagara University was organised in 1886, consisting of the faculty and lecturers of the college, together with the graduates of that year. The officers were as follows: President, William H. Heath, Buffalo; first vice-president, R. B. Parks, Jamestown; second vice-president, E. J. Murphy, Buffalo; secretary, George W. T. Lewis, Buffalo; treasurer, Simeon T. Clark, Lockport. Executive committee, F. S. Crego, S. T. Clark, Anthony Hill, Buffalo.

The first public meeting of the alumni association was held April 12, 1887, at which Dr. William H. Heath presided. Papers were read at this meeting by Drs. Stephen Smith, of New York; B. H. Daggett, H. D. Ingraham and Frank H. Potter, of Buffalo. The first banquet was held at the Genesee Hotel, in which the faculty, alumni and invited guests participated. The association continued to hold its annual meetings at the college hall on the commencement day of the medical school during the life-time of the college.

When this college was organised, two years' study in medicine was among the legal requirements, but Niagara University established a three years' curriculum, recommending, however, a four years' course. The law requiring the medical schools of the State of New York to establish three years as the minimum course of medical study took effect September 1, 1891, and by an amendment passed March 21, 1896, a four years' course of collegiate study was established as the minimum requirement in this state, that took effect January 1, 1898.

III.—HOSPITALS.

BUFFALO HOSPITAL OF THE SISTERS OF CHARITY.

Though it had been many times before proposed to establish a hospital in Buffalo, plans did not materialise until 1848, when the first hospital in the city was really opened for the reception of patients. A building located on what is now known as Pearl Place, made up of a group of several contiguous dwelling-houses that had been occupied

BUFFALO HOSPITAL OF THE SISTERS OF CHARITY—1848–1876.

previously as an orphan asylum, now (1898) used as a tenement, was converted into a hospital and placed under the management of the Sisters of Charity. It was incorporated under the laws of the State of New York, and accommodations were provided for 100 patients. Later an appropriation of $9,000 was made by the state. It was pro vided that no questions should be asked of patients when admitted touching matters of religion, and that applications for admission should be made to the medical board, the president of the Good Samaritan Society, and to the Society of St. Vincent of Paul; and further that a line from the pastor of any church of whatsoever denomination should also secure admittance by patients for treatment.

The building was made ready in 1848, and during the first six months 121 patients were received. The first medical board was constituted as follows: Frank Hastings Hamilton, attending surgeon; Austin Flint, attending physician, and Josiah Trowbridge, consulting physician. Appreciating the importance of clinical instruction, the late Bishop Timon, a learned prelate of the Roman Catholic church, threw open the doors of the hospital for that purpose, and for a small fee the students of the medical college then, lately established, received bedside training under the supervision of an attending physician or surgeon.

During the cholera epidemic of 1849 there were admitted into the institution previous to September 1st, 136 patients suffering from this disease, 52 of whom died. The report of the hospital for the year 1849, issued November 27th, shows that 1,513 patients in all were admitted, of whom more than one-half were charity beneficiaries.

From time to time the capacity of the hospital was increased, so that finally it aggregated accommodation for 200 patients. At the end of twenty-five years, however, it had outgrown the limits of its first location, and in 1872 a site was purchased on North Main Street, corner of Delevan Avenue, on which it was proposed to build a new and larger hospital. In June, 1875, ground was broken, in August the corner-stone was laid, and on November 5, 1876, the hospital was dedicated. The cost of the building and ground was $168,-368. The building is a large, substantial, four-story brick structure with basement, situated upon high ground and surrounded by broad lawns. A new wing has lately been constructed, and the hospital as it now stands is a comely modern building with all the conveniences necessary for its numerous patients. It has its own electric plant for lighting, and is heated and ventilated according to the latest and best methods. It has large and well-appointed surgical and gyneco-

BUFFALO HOSPITAL OF THE SISTERS OF CHARITY—1898.

logical operating rooms, both of which are especially complete in modern equipments. The total cost of the building as it now stands has been about $250,000, and it has a capacity of 334 beds. A contagion pavilion has also been erected containing twenty-five or thirty beds. This was one of the first hospitals in the United States under the management of the Sisters of Charity to establish the custom of résident physicians, and it was likewise the first under the Sisters' management to establish a training school for nurses.

Buffalo General Hospital.

Meetings of several prominent citizens were held at the office of Henry W. Rogers, collector of the port of Buffalo, on the 23d and

BUFFALO GENERAL HOSPITAL—1858.

26th days of October, 1846, at which an association was formed for the establishment of a public hospital. Thirty-five directors were appointed and officers were elected as follows: President, Josiah Trowbridge; first vice-president, General Heman B. Potter; second vice-president, George W. Clinton; secretary, E. S. Baldwin; treasurer, S. N. Calender. Executive committee: R. H. Haywood, Bryant Burwell and George Jones. Dr. Frank Hastings Hamilton was appointed attending surgeon, Dr. Austin Flint, attending physician, and Drs. Trowbridge and Burwell respectively, consulting physician and consulting surgeon.

It was soon announced that the building known as the Seaman's Home had been obtained for temporary use as a city hospital, but before the plan fully developed the organisation seemed to have collapsed. Opposition was met with and an appropriation which had been nearly obtained from the state was lost. Though the necessity for a hospital was great, yet the next year the Buffalo Hos-

BUFFALO GENERAL HOSPITAL AS ENLARGED—1880.

pital of the Sisters of Charity went into operation and this met the existing emergency.

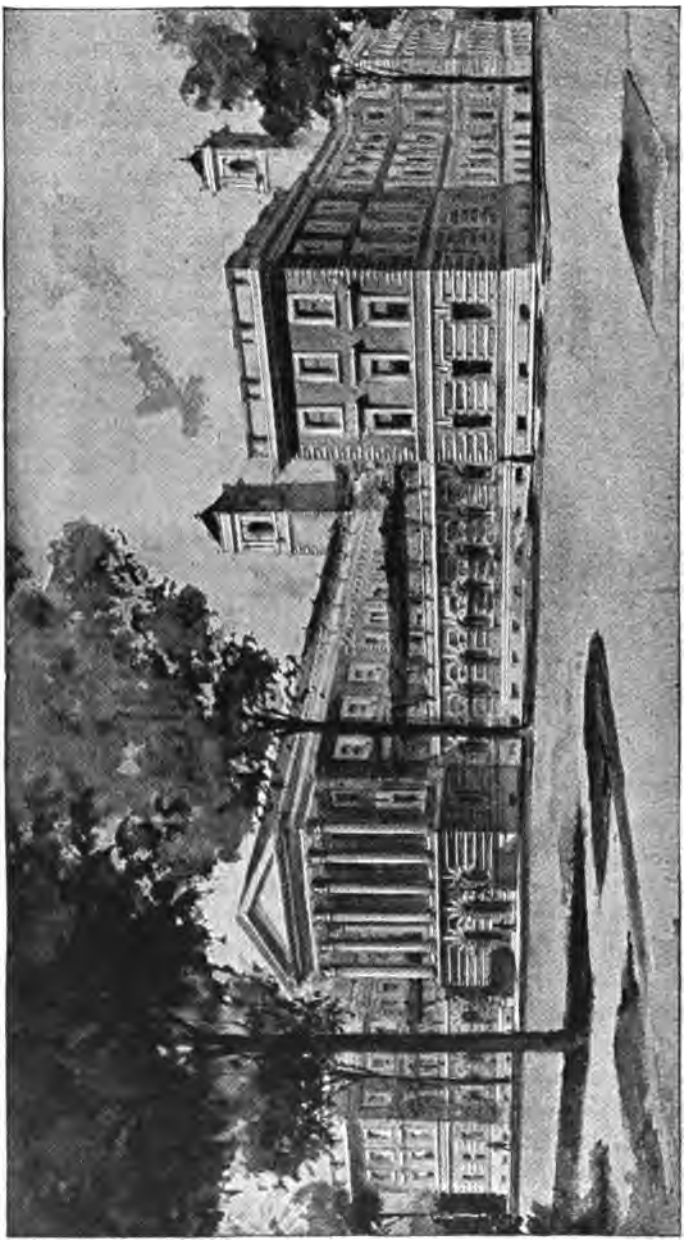
The rapid growth of the city, however, soon created the necessity for another hospital; hence in 1854 a second attempt to establish one was made. A board of fifty trustees was created with Millard Fillmore at its head. It was thought inadvisable to commence operations without a capital of $100,000, and as the money

could not be raised, this project, too, was abandoned. A little later, however, a board of nine trustees was appointed, consisting of Charles Clark, president; Andrew J. Rich, vice-president; William T. Wardwell, secretary and treasurer; George S. Hazard, Bronson C. Rumsey, Roswell L. Burrows, Stephen C. Howell and Henry Martin. On the 21st of November the association was formed and the certificate of incorporation was filed in the County Clerk's Office December 13, 1855. The sum of $20,000 was subscribed by citizens and in 1857 the hospital received an appropriation from the state of $10,000 more, which, together with the first sum, created a fund sufficient to enable the association to begin operations.

A building was erected on High Street on a site that was considered one of the finest in the city, having 361 feet front on High, 450 on Goodrich and a depth of 282 feet. The west wing of the building was rapidly pushed to completion and was dedicated June 26, 1858, with appropriate ceremonies amidst an enthusiastic gathering of citizens, and on which occasion an address was delivered by the Hon. James O. Putnam, that was full of patriotism, charity and lofty eloquence.

The following-named physicians were appointed medical officers for one year dating from July 1, 1858: Attending physicians, James M. Newman, Thomas F. Rochester and C. C. Wyckoff; consulting physicians, James P. White, George N. Burwell and P. H. Strong; attending surgeons, Charles H. Wilcox, Sandford Eastman and Austin Flint, Jr.; consulting surgeons, Frank Hastings Hamilton, C. C. F. Gay and John Root. Dr. Walter B. Coventry was the first resident physician. A new wing was afterward erected, that was dedicated October 1, 1880, bringing the capacity of the hospital up to 150 beds, and soon after a training school for nurses was instituted that has been in successful operation ever since it was established. A nurses' home has been built upon the hospital grounds.

The demands made by the large increase in growth of the city were such as to overflow the capacity of the hospital and a further enlargement was therefore determined upon, which is now in process of building. Through the munificent gift of $55,000, made by Mrs. George B. Gates and her three daughters, Mrs. William Hamlin, Mrs. Charles W. Pardee and Miss Elizabeth Gates, it was rendered possible to begin this work last year (1896) and it is now in process of construction. When completed it will be one of the most substantial and beautiful hospital structures in the country. The



PROPOSED BUFFALO GENERAL HOSPITAL.

(From The Illustrated Buffalo Express.) (Copyright, 1898, by George E. Matthews & Co.)

hospital staff is largely made up of the faculty of the Buffalo University Medical College, though Dr. C. C. Wyckoff and Dr. Conrad Diehl are still consulting physicians.

Buffalo State Hospital.

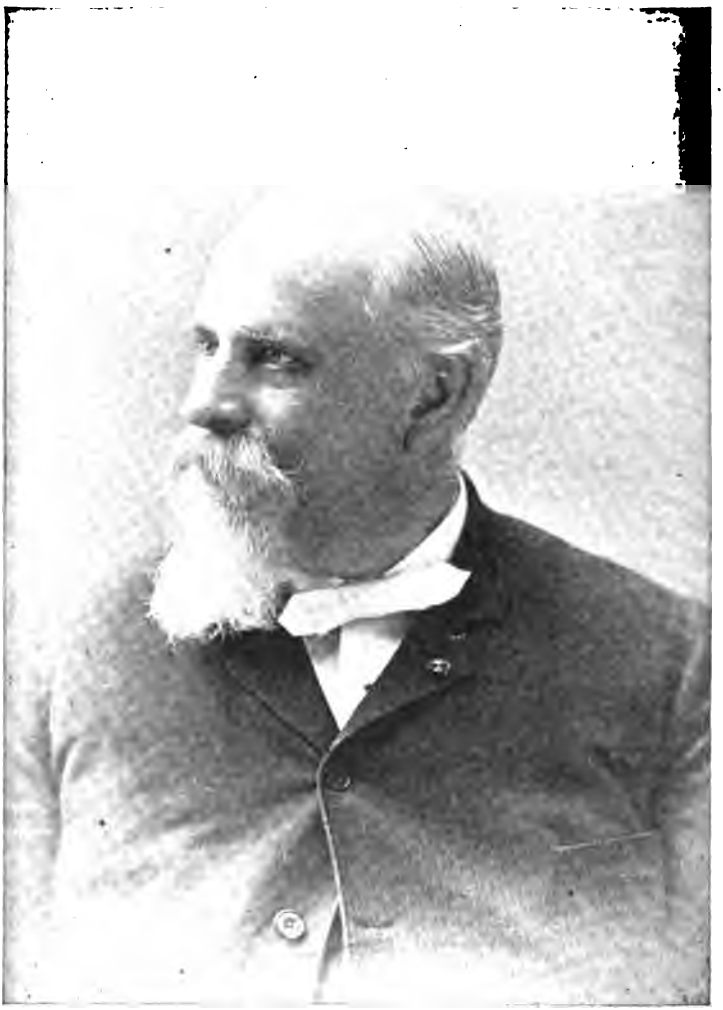
Commissioners were appointed by Gov. John T. Hoffman in 1869 to locate a hospital in Western New York to be devoted to the care and treatment of the insane. The names of these commissioners were as follows: Dr. John P. Gray, Utica; Dr. James P. White, Buffalo; Dr. Thomas D. Strong, Westfield; Dr. William B. Gould, Lockport, and Dr. Milan Baker, Warsaw. After a number of meetings and the examination of several proposed localities it was finally determined to establish the hospital at Buffalo, and it is appropriate to state in this connection that it was chiefly due to the efforts of Dr. James P. White and Mr. Joseph Warren that the hospital was located here.

The corner-stone of the institution was laid September 18, 1872, with masonic rites, in the presence of a large number of citizens. Governor Hoffman was present and took part in the ceremonies in an appropriate speech. Dr. James P. White, president of the board of managers, made some introductory remarks, and the Hon. James O. Putnam delivered a formal address. The first board of managers was made up as follows: Dr. John P. Gray, Utica; Asher P. Nichols, Dr. James P. White, William G. Fargo, Joseph Warren and George R. Yaw, of Buffalo, Dr. William B. Gould, Lockport; Lorenzo Morris, Fredonia, and Augustus Frank, Warsaw.

The erection of the administration building and the east wing was proceeded with at once, but it was not until 1880 that the hospital was made ready for the reception of patients. Dr. Judson B. Andrews, the first assistant physician at the state hospital at Utica, was appointed superintendent, and under his able management the hospital soon assumed a leading position among institutions for the care of the insane in this country. Work on the west wing began in 1889, and the first building was completed in 1891; the second building in 1895, and the three remaining buildings are now ready for occupancy. It is one of the most ornamental, extensive and substantial structures of the kind perhaps in the world. A training school for nurses was established in 1886, this being the first public institution for the insane to establish such a school in this country. Over 100 graduates have been sent out, many of whom are doing

private nursing throughout the United States. The hospital also has a nurses' home erected upon the grounds.

The medical staff is at present made up as follows: Arthur W.



JUDSON B. ANDREWS, M. D.—1834–1894.

Hurd, Superintendent; Henry P. Frost, first assistant; George G. Armstrong, second assistant; Walter H. Conley, assistant physician; Helene Kuhlmann, woman physician; Joseph B. Betts,

BUFFALO STATE HOSPITAL.

assistant physician; Edwin A. Bowerman, junior physician; C. J. Patterson, junior physician; Edward G. Aldrich, medical interne.

The infirmary building, begun last year, is now completed, and consists of a center building for acute cases, with two wings for the helpless and aged classes. The central building is very completely fitted up with a chemical and physiological laboratory and a large amphitheater for the holding of clinics in mental diseases, which is a regular feature of medical instruction in the Buffalo University Medical College. So far as known this is the first clinical amphitheater connected with a hospital for the insane. The infirmary building is finely located on Elmwood avenue, facing the Park. The hospital has a total capacity of 1,631, and the aggregate cost of the entire structure was over two millions of dollars.

The following-named persons compose the present board of managers: Joseph P. Dudley, president; Daniel H. McMillan, vice-president; Thomas Lothrop, M. D., Frederick P. Hall, James Atwater, Jessie Holland Jewett and Esther K. McWilliams, with John E. Pound, attorney.

(*Continued next month.*)

Clinical Reports.

ALOPECIA AREATA.

By JOSEPH SPANGENTHAL, M. D., Buffalo, N. Y.,
Physician for diseases of the skin at the German Hospital Dispensary; visiting physician to City Hospital for Women.

THE etiology of alopecia areata is so imperfect that the disease must necessarily be placed among those whose etiology is classified as obscure. By a conservative dermatologist, it is considered a noncontagious, trophoneurotic condition, accompanied by an atrophy of the hair follicles and even of the hair itself. It has its origin in a nervous influence, produced by the direct action of a functional nerve disturbance of the hair follicle. Some believe that the affection should be placed among the parasitical, and that it is caused by a fungus, like that of the tinea tonsurans; while others suggest that there is a possible connection between the two diseases. The parasitic theory finds support in the occurrence

of epidemics, which necessarily imply a contagious element. In this country one epidemic of apparently alopecia areata has been reported by Putnam in a paper published in the *Archives Pediatrics*, 1892, IX., p. 595. This theory is further supported by the discovery of a micro-bacillus by Sabourad.

The case here reported was especially due to an injury received by the patient, as stated below:

Miss H., aged 22; seamstress; presented herself for treatment at the skin clinic, University of Buffalo, service of Dr. Grover Wende, last year, with the following history: While sewing before a window she was struck by a ball, which some one had carelessly tossed through it, causing considerable inconvenience for two or three days. Nine days following she noticed a thinning of her hair, finally resulting in a bald spot over the left parietal bone. Six weeks later she developed a complete alopecia of the scalp. All this occurred without pain or subjective disturbance of any kind. The patient was given the usual remedies in the form of local applications and within six months her hair was fully restored.

This case must be regarded as a typical one, being clearly due to nervous shock and distinguished from cases which can be traced to a microörganism. Many cases have been reported which were supposed to be due to various causes, such as grief, fright, mental shock, operations on the neck, or to influences much less rational as, too little sleep, an unsatisfactory hygienic condition or malnutrition. Recovery often occurs in these cases without the usual application for the destruction of microörganisms.

Here is another case of alopecia areata where trophoneurosis was present, but, in spite of this fact, the affection manifested itself in the form of round patches which increased in size by peripheral extension, strongly suggesting the cause of this particular condition. It would, of course, be hard to determine the exact cause, since, according to the parasitic theory, the nervous condition might be only a predisposing factor in the case:

Figure 1 represents a case of alopecia areata, as follows:

Josephine R., aged 14; had six brothers and sisters, two of whom died from convulsions; had no sickness during her childhood; both parents affected by rheumatism and heart disease. At the age of 10 she began to have choreic movements, which constantly grew worse until she developed a marked case of the disease, the acute symptoms lasting for six months, her condition being at one time so severe as to affect her speech. At the expiration of that time her condition improved and her chorea was decidedly better; however, her muscular movements have never become natural. She is still very nervous at times. About one year ago, some two and a half years following the beginning of the chorea, she

would occasionally, during the day, become so agitated that her mother feared that she was about to fall a victim to her old trouble. At this time she made her first visit to the University dispensary, exhibiting a bald spot, which had begun to develop a few weeks before on the occipital region. This was soon followed by others, which coalesced, causing a large patch. This continued to spread until the top of the scalp was entirely denuded. About this time another bald patch appeared upon the right side, at the junction of the non-hairy parts, and after a time the disease attacked the left side, gradually extending around the head, until almost three-fourths of the scalp was denuded, the result showing the form of a band. Heart and lungs normal, urine revealing neither albumin nor sugar, but an abundance of oxalate of calcium crystals. At the time the patient was seen there was prescribed an ointment of chrysarobin a half dram, adeps one ounce. This created considerable irritation of the skin without producing any beneficial effects. Numerous other lotions were prescribed, but, as a rule, failed in their

FIG. 1. BEFORE TREATMENT.

FIG. 2. AFTER CURE.

purpose. Bichloride of mercury was then tried, one grain to an ounce. This seemed to stop the hair from falling, whether through its irritating or its anti-parasitic virtue remains to be known. The amount of bichloride was gradually increased for a time when the following prescription was made and is still in use:

Hydrarg. bichlor.	gr. xx.
Glycerine	℥ iv.
Aqua cologniensis	℥ xviii.

Under this treatment, not only did the baldness cease to spread, but fine downy hair began to spring up all over the bald patches. This at first was white, but finally the growth became more vigorous, the pigment returned and in about twelve months after the commencement of the disease the patient had fully recovered, presenting the appearance shown in Figure No. 2.

629 MAIN STREET.

A CASE OF QUININE AMBLYOPIA.[1]

By J. C. CLEMESHA, M. D., M. R. C. S., L. R. C. P., Buffalo, N. Y.,
Assistant surgeon to the Buffalo Eye and Ear Infirmary.

ON SEPTEMBER 15, 1898, I was asked by the Ladies' Committee at Tonawanda to examine the eyes of Private J. F. W., invalided from Camp Alger on account of an attack of typho-malaria fever. He gave me the following history:

About June 1, 1898, he left Camp Black for Camp Alger. During the first week in August, he was taken ill with fever, diagnosticated as typho-malarial, and was ill two weeks before being sent to the base hospital, where he remained three days. From there he was sent home.

While ill for the fourteen days at his company's quarters, he was given one capsule of quinine, containing 2½ grains, three times a day and his sight or hearing was not in any way affected thereby.

During the first thirty-six hours of his stay in the hospital, he was given two 5-grain capsules of quinine every two hours, thus making 180 grains absorbed into the system during the above period. The twenty-four hours following he was given one 5-grain capsule, morning, noon and night. Next day, on his way home, he endeavored to read a newspaper on the train, but found himself unable to read even the coarse print. His sight for distance was much deteriorated and he saw objects as through a mist, while surrounding lamp and gas flames he saw colored lights or a "halo." His eyes were somewhat inflamed and he suffered a good deal of pain, which seemed of a neuralgic character. His hearing had become defective and noises sounded in his ears like "the roar of a heavy sea." Besides these symptoms he complained much of dizziness, so that each time he stooped he felt as though he would fall upon his head. When seen by me, on September 15, 1898, his vision was:

$$\left.\begin{array}{ll} R & \frac{20}{15} \text{ Sn viii.} \\ L & \frac{20}{15} \text{ Sn viii.} \end{array}\right\} \frown + \text{D. 1.00 sph. } \frac{20}{40} \text{ Sn iv.}$$

There was a moderate injection of the conjunctiva, both palpebral and ocular. The pupils somewhat dilated, but reacted sluggishly to light and accommodation. Tension normal. The fields of vision were generally contracted, the left field slightly more than the right. On examination of the fundi, there was some pallor of the optic discs and the vessels seemed slightly smaller in diameter. There was no color blindness.

A pair of spectacles was ordered and five minims of liquor arsenicalis were ordered to be taken three times a day.

On September 22, 1898, his distant vision had improved a little, but not so for reading:

$$\left.\begin{array}{ll} R & \frac{20}{15} \text{ Sn viii.} \\ L & \frac{20}{15} \text{ Sn viii.} \end{array}\right\}$$

However the fields had much improved, being but a few degrees from what is considered as normal. His hearing is still deficient and the tinnitus has not decreased.

1. Read before the Surgical Section, Buffalo Academy of Medicine, October 4, 1898.

On October 12th his distant vision was normal:

R $\frac{20}{70}$ Sn ii.
L $\frac{20}{70}$ Sn ii.

Fields of vision normal and pupils reacted well to light and accommodation.

Knapp[1] has stated the following signs and symptoms of quinine amblyopia: Marked pallor, general weakness, twitching of the mouth and extremities. Total blindness and deafness, associated with loud tinnitus aurium. The pupils are widely dilated and do not react to light, but may to accommodation. The patient often loses consciousness to a greater or less extent and it may be that the blindness and deafness is not noticed for several days, because of the mental condition present. (It was so in this case, as his mind was supposed to be affected and the cerebral trouble). The ophthalmoscope shows an absolute anemia of the optic nerve and retina. The papilla is chalky white and no trace of a bloodvessel in that or the retina is seen.

The action of poisonous doses of quinine is undoubtedly due to a constriction of the peripheral vessels, producing an ischemia of the retinal and optic nerve vessels. If the blindness continues for a sufficient length of time, changes occur in the bloodvessels and an atrophy of the optic nerve and optic tract ensues.

Dr. Ward Holden, in a paper read before the American Ophthalmological Society, giving an account of his experimental researches on this subject, arrived at the following conclusions: In the first place, the effect of toxic doses of quinine caused spasm of the vessels and a lessened but not obliterated blood supply. As a result the inner layer of the ganglion cells and the nerve fibers broke down, but the cells of the inner nuclear layer were not visibly affected.

An ascending degeneration of the optic nerve fibers followed the retinal changes.

The prognosis is favorable as far as regards central vision. The damage to peripheral vision is likely to persist. When sight begins to return, most cases will be found to be color blind, completely or partially.

Rogers[2] thinks that incomplete ocular cinchonism is not rare and asserts that in an hour after twenty grains of quinine have been taken some accommodative paresis may be noticed in a goodly percentage of cases, and was also present in the above case.

1. Casey Wood, Annals of Ophthalmology, 1894
2. Ibid.

329 FRANKLIN STREET.

Selection.

REPORT OF SURGEON-GENERAL W. K. VAN REYPEN, U. S. NAVY.

[*Abstract.*]

. . . . . .

IN THIS report precedence is naturally given to the operations of the bureau during the war with Spain. From the time of the blowing up of the Maine in the harbor of Havana, on February 15, 1898, preparations were made by the bureau providing for any possible contingency. The naval hospitals were equipped to their full capacity; plans were prepared for building pavilion wards on the hospital grounds to give accommodation to any number of sick or wounded that the bureau might be called upon to care for. The director of the naval laboratory prepared to furnish medical and surgical supplies in any quantity, at any place, and immediately. No additional expense was incurred until war seemed imminent; then the vessels that were likely to be engaged were supplied with a full outfit of supplies for war. In anticipation of a large number of additional vessels being taken for service, medical and surgical outfits of a kind suitable for the various classes of vessels were bought, assembled and boxed, ready to be shipped anywhere as soon as called for. There has not been an instance during the war of any vessel having to wait for her medical stores.

It was known that a corps of volunteer medical officers would be a necessity, and before war was declared or any law passed authorising their employment medical boards of examination were established in Boston, New York, Philadelphia, Washington, Norfolk and Mare Island (Cal.) to examine applicants for appointment, such appointment being contingent upon their services being required. As the result of their examinations, a waiting list of well-educated medical men was ready, from which appointments were made as soon as their services were required after the declaration of war. Over 2,000 applications were received, but only a small proportion examined. Out of this number thirty-seven were appointed assistant surgeons. They have rendered efficient service, and have been a credit to the navy. Some have had unusual and trying experiences, but they have accommodated themselves to their environments and have justified their appointments.

One of their number, Assistant Surgeon John Blair Gibbs, was killed in the action at Guantanamo while serving with the marine battalion. He was the only medical officer killed during the war.

FITTING OUT THE SOLACE.

The question of proper care and transportation of sick or wounded at sea had long been a subject of consideration by the

bureau. The coming of war gave it an opportunity to demonstrate the wisdom of its propositions and the efficiency of its methods. By direction of the President, and by the authority of the Secretary of the Navy, the steamer Creole, of the Cromwell line, between New York and New Orleans, was purchased and designated as an ambulance ship. The vessel was sent to the yard of the Newport News Shipbuilding & Dry Dock Company and there fitted out on the plans of the bureau. The work was done under the bureau of construction and repair and under the immediate superintendence of naval constructor J. J. Woodward, to whom the bureau is under lasting obligations for his advice, assistance and his energy in satisfactorily completing the work. The merchant ship Creole became the ambulance ship Solace in sixteen days, fitted with a well-lighted operating room, in which were all the appliances for modern antiseptic surgery, a steam disinfecting apparatus, an ice machine, a steam laundry plant, cold storage rooms, and a elevator for taking patients from the operating room and upper deck to the wards below.

The Solace is fitted out under the requirements of the Geneva convention, and flies the Geneva cross flag. She is a pioneer in her work and indicates a step in advance that it well became the United States to take. Her fitting out was easy of accomplishment. The chief of every bureau in the department having to do with the vessel gave his cordial support and assistance to the work. They gave the Solace everything she needed. The vessel has been fortunate in her personnel. Commander Dunlap is an ideal commander and the medical officers of the vessel, Surgeon Streets and Passed Assistant Surgeons Stokes, Smith and Bogert, have shown themselves thoroughly competent and efficient in caring for the many sick or wounded who have been under their charge. Three hospital stewards, one of whom was a skilled embalmer; eight trained nurses, a cook, four mess men and two laundrymen were especially designated for service in the medical department.

DESCRIPTION OF THE VESSEL.

The Solace is built of steel, 3,801 tons, 375 feet long, 44 feet beam, draws 21 feet, and has a continuous speed of 16 knots. She can comfortably accommodate 200 patients, either in birth, swinging cots or staterooms. The hurricane deck aft is inclosed with canvas, for use as a contagious ward, if required. She carries 37,000 gallons of fresh water in tanks and 800 tons in her double bottom. Distillers and evaporators keep up the supply. As soon as the Solace received her stores she sailed for the blockading squadron, and arrived in time to take on board the wounded at the bombardment of San Juan. She then collected the sick or wounded from the other vessels of the squadron and sailed for New York, where on June 5th fifty-seven patients were landed at the naval hospital. On June 8th she sailed for Guantanamo, and was present to take on board the wounded marines in their fight with the Spanish troops.

As soon as the Spanish fleet was destroyed in the battle of July 3d, she took on board the wounded from the Brooklyn and all the Spanish wounded and gave them the care and attention that have never before been given to the wounded of friend or foe in any naval combat and that could only be given by an ambulance ship. As it was the policy of the department to bring all the sick or wounded from Southern waters to Northern naval hospitals, as soon as practicable, so that they might have a better chance for recovery, and as there was still space left on the Solace for wounded men, she went to Siboney and took on board forty-four army wounded and sailed for Hampton Roads on July 12th. On July 16th she landed forty-four army wounded at Fortress Monroe, and fifty-five navy sick or wounded, and forty-eight Spanish wounded at the naval hospital Norfolk. She then went to New York for coal, stores and an additional ice plant, and sailed on August 2d for Key West, where she took on the sick from the hospitals and vessels in port, and then visited all the vessels on the blockade around Cuba, taking off their sick and wounded and leaving stores. After receiving at Guantanamo the sick brought by the Gloucester from the vessels around Porto Rico, she sailed for Boston, and on August 29th landed seventy-four sick from the navy and two sick soldiers at the Chelsea Naval Hospital. She then coaled and went to New York for repairs and stores and sailed on September 22d for Guantanamo with orders to deliver stores and supplies to all vessels in Cuban or Porto Rican waters, take on board their sick, and then return to New York, bringing in addition as many sick and wounded of the army as the vessel could accommodate.

GENEROUS SUPPLIES FOR THE SICK.

On every trip of the Solace she has gone loaded with medical stores and supplies, and also with delicacies and comforts, which have been supplied in abundance for the sick or wounded by generous and patriotic individuals and societies from every part of the United States. Among the contributions to the Solace were a carbonator and deck awning from the Rhode Island Sanitary and Relief Association, an *x*-ray apparatus from the National Society of Colonial Dames, and conveyance boxes for sterilised dressings from the Elizabeth (N. J.) members of the National Society of Colonial Dames.

In this war woman has done her perfect work and the medical department of the Navy is profoundly grateful for the money contributed and supplies furnished for the aid and comfort of the sick or wounded of the navy. Patriotic women have ably supplemented the efforts of the government, and their assistance has been thoroughly appreciated.

The contributions soon became so numerous that it was necessary to have a medical officer detailed to receive them. Medical Director Bloodgood was assigned to the duty, and he has received and distributed the stores and attended to the voluminous correspondence

with the same business ability he manifested when on the active list.

As soon as war was declared the daughter of the Secretary of the Navy and three of her associates at the Johns Hopkins Medical School volunteered their services as nurses, and were assigned to duty at the Naval Hospital, Brooklyn, N. Y. Six women nurses from the registered list of the Daughters of the American Revolution and five Sisters of Charity at Norfolk also volunteered, and were assigned to duty at the Naval Hospital, Norfolk, Va. All of these women have done their work thoroughly and conscientiously; they have the thanks of the navy and the gratitude of their patients.

The medical officers of the naval reserves, who were transferred to the service with the reserves from their states, rendered efficient service and willingly responded to every call made upon them.

The bureau is under obligations to the Surgeon-general of the army and to the Supervising Surgeon-general of the Marine Hospital Service for caring for the sick and wounded of the navy in the hospitals under their charge at Key West.

PRISONERS QUICKLY PROVIDED FOR.

When the department decided to remove the prisoners from the destroyed Spanish fleet at Santiago to Portsmouth, N. H., immediate preparation was necessary to care for the sick. Two pavilions were built from plans already prepared, adjoining the Naval Hospital, at Portsmouth. Telegraphic orders were issued for bedsteads, mattresses, bedding, stores and supplies. Additional medical officers and nurses were sent, and when the vessels arrived with the prisoners the well men found comfortable barracks and the sick comfortable hospitals, to which they were immediately transferred. They were lodged, fed and clothed as though they were expected guests. The navy has reason to feel proud of this five days' work. One hundred equipped cots and six trained nurses were generously supplied by the Red Cross after the hospital was established.

On June 17th the President approved an act of Congress organising a hospital corps of the navy. The passage of this act is the culmination of the efforts of the bureau for many years. It will give the service a trained corps of men who will now have some reason for remaining in service, having a hope of promotion and advancement as the result of faithful service, sobriety and attention to duty. Its good results are already manifest. Changes are being made as rapidly as practicable, and nearly all of the hospitals are now supplied with trained nurses, and in many of them are apprentices undergoing instruction. The examination for admission is rigid, and there will be more admissions to the corps when the end of the war releases from service many of the trained nurses now employed in other departments.

I cannot close this portion of the bureau's report without bearing testimony to the efficiency, skill and devotion to the duty of the personnel of the medical department. Not a word but of praise

has the bureau heard of any of them—regulars or volunteers. When war was imminent they vied one with another in their efforts to get on fighting ships. Some have had greater opportunities than others, but all have done well the work assigned them. Surgeon Edgar saw his associate, Assistant Surgeon Gibbs, shot by his side in the Spanish attack, and he continued his work alone, doing it thoroughly and well, as it was known he would.

The medical officers of the vessels in the fight at Manila and in the battle of July 3d, shared the dangers of their comrades, and should participate in the praise accorded to them.

ANTISEPTIC SURGERY AT SEA.

The medical officers of the Solace have the honor of inaugurating the first complete system of antiseptic surgery at sea. They have adapted means to ends, have improvised apparatus, have been fertile in expedients and have the satisfaction of having demonstrated that, with skill and intelligence, the percentage of mortality among the patients on a well-equipped ambulance ship will be no greater than in the hospitals on shore.

Medical Inspector Persons found himself suddenly confronted with 226 Spanish sick or wounded prisoners in a hastily established hospital. He was equal to the emergency, and he and his associates were complimented by Admiral Cervera when he visited the camp.

The medical officers of the other hospitals have had sudden large accessions of patients. They were always ready and always cared for them well.

The director of the laboratory (our receiving and distributing depot of supplies) applied his well-known energy to the work, and never failed to have supplies ready whenever and wherever required. Those whose services has not been so conspicuous have done their duty in the stations assigned them, and have contributed their share toward the efficiency of the medical department of the navy.

STAMPING OUT YELLOW FEVER.

. . . . . .

Upon the commencement of hostilities between this country and Spain, the navy department ordered a flag officer in command of the naval station at Key West, Fla., and a short time afterward designated it as a naval base for all vessels acting in southern waters.

In order to provide for all possible contingencies and to meet the demands incident to a state of war that might be made upon it as a result of assembling in this harbor so large a number of war vessels, the department landed at Key West a quantity of naval supplies, including ordnance stores, equipment, materials, provisions, etc.

For the preservation of this property (valued at hundreds of thousands of dollars) it was deemed essential that suitable provision should be made for its protection. Early in June, therefore, fifty-four officers and men of the marine corps were transferred to Key West

and located in a building well adapted for temporary quarters, and which had formerly been used as a cigar factory.

For several years previous to the present summer, yellow fever, with the exception of an occasional sporadic case, had not made its appearance in Key West, but the location of the island, well within the limit of the yellow-fever zone, and the sudden concentration at this point of a large number of unacclimated persons belonging to the army and navy, rendered it highly probable that, unless extra precautions were taken for the preservation of health, an outbreak of yellow fever could only be postponed for a short time.

The general unsatisfactory sanitary condition of Key West prevailing at this time also, was such as to cause some uneasiness on the part of the department, as it was but reasonable to infer that the exemption of the island from yellow fever for the last few years might be attributed to accident, rather than to any special attention on the part of the officials to the enforcement of hygienic measures.

THE FIRST CASES AT KEY WEST.

Although the duties devolving upon the marines were arduous and exacting, the health of the guard remained good until August 13th, when the first suspicious case of illness among them made its appearance. On the morning of August 14th another marine was taken ill, and on the afternoon of August 15th three more cases were reported. The symptoms in all of the above cases were expremely suspicious, but before making a positive statement Assistant Surgeon Marcour decided to avail himself of the opinions of several yellow-fever experts as to the diagnosis in the above cases. After a consultation between the local health officers of Key West and representatives from the medical corps of the army, navy and marine hospital service, a definite conclusion was reached as to the nature of the disease, and on August 16th the bureau was informed officially of the existence of yellow fever and that a rigid quarantine had been established at Key West by the national and local health authorities.

Upon the receipt of this information the commandant in charge of the United States naval base was instructed by the department to send at once all naval vessels in the harbor of Key West to Hampton Roads (including the officers and men on temporary shore duty, with the exception of the marine guard), and to transfer to some suitable vessel for passage north the sick and wounded of the navy who could be removed without danger from the army general and marine hospitals. Orders were also issued that no naval supplies stored in the several buildings of Key West should be removed, as it was not deemed safe to transfer them at this time for fear of spreading the infection. The commandant was further directed to have the sick marines isolated within the barracks then occupied by them, to place all suspects or suspicious cases in an adjoining house rented for the purpose, and to remove the well marines to the detention camp, which was situated on the south beach at a distance of about three

miles from the barracks. Every provision was made for the care and treatment of the sick, and every precaution adopted for the protection and preservation of the health of the marines in the detention camp.

LOCALISING THE DISEASE.

Assistant Surgeon R. F. Marcour (a yellow-fever immune) had been selected by the bureau to accompany the marines when ordered on this duty, in anticipation of a possible outbreak of yellow fever. Eight immune nurses, one immune cook and one immune watchman were also employed. On August 18th the number of cases under treatment had increased to ten, and as there appeared to be at that time every probability that the disease would develop in an epidemic form, the bureau decided to detail an additional medical officer for this duty.

Surgeon John W. Ross (a yellow fever immune) was temporarily detached from the navy yard, Pensacola, Fla., and on August 23d arrived at Key West and assumed charge of all yellow-fever cases.

The prompt measures, however, adopted by the medical officers in the immediate and complete isolation of the sick, the thorough disinfection of the quarters occupied by them and the removal of the well marines to a place beyond the danger point of infection, resulted in localising the disease, and on September 12th Surgeon Ross reported the appearance of the last case—that of Commander Forsyth—making a total number of patients under treatment from the beginning of the epidemic on August 13th until its close on September 12th of fourteen cases. The disease prevailed in a mild form, and up to this time no deaths have occurred.

Upon the recommendation of Surgeon Ross, and with the approval of the bureau, the department ordered the transfer north of the marines, and on September 8th the guard left Key West on the steamship Colorado, and arrived in New York on September 14th.

The Colorado was subjected to a thorough process of disinfection at the quarantine station, New York, and the bedding, mattresses, and the like, of the marines were sent to the Navy Hospital, New York, where they were thoroughly disinfected before being placed in the barracks.

In conclusion, Surgeon-general Van Reypen gives an insight into the care which is exercised in securing good material for the medical corps of the navy, which goes far to explain the efficiency of this arm of the service. It is shown that in the last fiscal year 829 applications for information concerning the appointments of assistant surgeons in the navy were received, and that 248 permits were issued for doctors to appear for examination.

Of the above sixty-five candidates appeared before the examining boards, of which seventeen were rejected physically, nineteen rejected professionally, twelve withdrew from further examination and seventeen were found physically and professionally qualified for admission as assistant surgeons in the medical corps of the navy.

. . . . . .

Upon the recommendation of the bureau and with the approval of the department, Congress in the last session very wisely extended the age limit from twenty-six to thirty years for entrance into the medical corps of the navy.

This legislation has been attended with most gratifying results, and for the first time in thirty-five years the number of officers in the medical corps of the navy has reached the limit established by law.

Progress in Medical Science.

MEDICINE, PATHOLOGY AND THERAPEUTICS.

CONDUCTED BY ALBERT T. LYTLE, M. D., Buffalo, N. Y.

MEASLES IN THE NEW-BORN.

DOUGLAS (*British Medical Journal*, May 7, 1898,) reports a case of measles in the new-born. Ten days after birth, child began to sneeze and show evident indisposition. Three days later, or thirteen days after delivery, child showed well-developed eruptions of measles, covering the body, the eyes congested and the eyelids swollen, the tongue covered with thick fur. There was but little cough and the usual temperature range occurred. This case demonstrates the time of incubation to be ten days, as claimed by Henoch and Osler.

SYPHILIS OF THE STOMACH.

AT THE meeting of the Academy of Medicine, held May 17, 1898, M. Dieulafoy discussed the syphilitic affections of the stomach. His conclusions may be summed up as follows: Syphilis of the stomach is not so uncommon as is generally supposed. Syphilitic lesions of the stomach can and do take various forms, from hemorrhagic erosion to gummatous ulceration. Probably the action of gastric juice is a factor in continuing the ulcerative process set up by the syphilis. The symptoms of syphilitic ulceration differ in no way from those of simple ulceration, so that the practitioner should always be on his guard and carefully interrogate any patient suffering from gastric ulcer as to the presence or the reverse of a syphilitic history. Treatment should be begun at once, for in this way a patient may often be relieved by medical measures in whom otherwise it would appear necessary to perform a surgical operation. —*Lancet*, May 28, 1898.

CREASOTE IN TUBERCULOSIS.

HECTOR MACKENZIE (*Practitioner*, June, 1898,) sums up creasote in the treatment of tuberculosis as follows: While few are probably prepared to admit that creasote has a specific action, most of those who have had a large experience of the drug will admit that it has very valuable properties in the treatment of tuberculosis. The purest beech creasote should be employed. It should at first be given, preferably in the form of capsules, in doses of 1 to 5 minims, three times a day. The dose may be increased to 10 or 15 minims. If under its administration the appetite comes back, the cough and the expectoration diminish, the fever abates, the night sweats cease, strength returns and nutrition improves, the object with which the drug has been given will be attained and happily these are the effects which are often observed. The remedy should be taken after food.

INTUSSUSCEPTION IN CHILDREN.

PACKARD, (*Therapeutic Gazette*, March, 1898,) in a carefully prepared paper, sums up the position of the physician in cases of acute intussusception in young children as follows: "I do believe that injections (to effect reduction by distention of the bowel) are dangerous and oftentimes useless after the third day; that before that date, unless otherwise contraindicated, it is proper to attempt reduction by the use of one thoroughly executed injection of normal salt solution, upon failure of which surgical aid should be at once summoned without loss of time from further attempts by a procedure that should be thoroughly and conscientiously applied in the first instance." . . . "The height of the ceiling of an ordinary room is more than enough to allow of the reservoir of a fountain syringe being elevated sufficiently to rupture the healthy bowel, to say nothing of an intestine seriously damaged by disease."

BEEF TEA AS A FOOD.

PAGE, (*New York Medical Times*,) writing of beef tea as a food, says: "When made in the most approved manner, beef tea is composed of about ninety-seven and one-half parts of water and two and one-half parts of the waste and effete matters of some dead creature. It has, without doubt, some nutritive value; but this is so slight in amount, and its toxic elements so mischievous, that it is doubtful if life would be as long sustained on beef tea as on pure water."

IODOFORM INTOXICATION.

SASSE is quoted by *Jour. des Practiciens*, October 16, 1897, as recommending the following means of demonstrating in time a threatened iodoform intoxication, a condition which is not rare in surgical and gynecological practice. A test is made of the urine to note the quantity of iodine which is eliminated by it. A small pinch of powdered calomel is placed upon a white saucer, and then a few drops of the urine to be examined are dropped upon it; a mixture of the urine and calomel is then made with a glass rod. If the urine contains a notable amount of iodine there is produced a well-marked yellow discoloration, which should indicate that the iodoform is being absorbed in sufficient quantity to produce danger.—*Therapeutic Gazette.*

INFANT CONSTIPATION.

THOMAS C. MARTIN, (*Medical Science*) after a study of infant defecation and constipation, concludes that difficult evacuation is due from an anatomical standpoint to imperfect development of (*a*) "the expulsory muscularity"; (*b*) to "infant angulation and mobility of the lower intestine, which conspire to obstruct the passage of formed feces"; (*c*) to the "resistance of the rectal valve, which is disproportioned to the expulsory muscularity," and (*d*) to the "insufficient expansibility of the anus, owing to contracted bony pelvic outlet." In consequence, development often relieves the multitudinous consequent ills arising from infantile constipation, retention of feces, straining, prolapsus and ruptures. It would seem that "solution of the stool" is thus the only solution of the problem.

TANNIGEN.

TANNIGEN is an odorless and tasteless form of tannin, chemically acetyl tannin, insoluble in water and acids, but readily soluble in alkaline solutions—is quite a valuable remedy in diarrhea, chiefly in children. Its continuous use is apparently without disagreeable effects. Dr. J. Vandenberghe reports that the administration of this agent, accompanied with proper feeding, saved many children in his practice who were suffering from various forms of acute and chronic enteritis; improvement was marked, rapid and resulted in complete recovery. Dr. J. Conley, after a prolonged trial in the treatment of infantile diarrhea, asserts satisfactory results in simple noninfective forms in children, but that it is not adapted to cholera infantum, unless some antiseptic, like calomel, is given with it.—EPHEMERIS.

ANASIN.

ANASIN is a new synthetic, hypnotic and anesthetic, introduced by manufacturers in Basle, Switzerland. It is claimed to be an aqueous solution of tri-chlor-pseudo-butyl-alcohol, or aceto-chloroform. It is said to resemble chloral hydrate in its hypnotic action, the dose being 500 mgs. (7.7 grains) to 1 gramme (15.4 grains). Even the maximum dose may be administered without producing ill effects. A 1 per cent. solution is found to have the same anesthetic properties as a 2 to 2½ per cent. solution of cocaine hydrochlorate. Its advantages are freedom from toxicity, nonirritability when applied locally, keeping well and possible sterilisation. It has been used in the eye, injected subcutaneously, applied to the larynx, pharynx and nasal mucous membrane and in dental operations. When applied to the tongue or eyes, for instance, the anesthesia is slow in developing, as its diffusibility is low, thus going to show that it must in all cases be applied directly to the spot requiring its anesthetic action. It has an advantage over cocaine as used in the eye, in that it does not produce mydriasis. The iris is not affected by it.—EPHEMERIS.

SALOL.

Two cases of calculi formed during the long administration and rather large dosage of this drug have been reported. The mode of giving was in cachet; a careful study of the cases indicates that salol is but slowly decomposed in the alimentary tract, and may give rise to symptoms of obstruction. This may be obviated to some extent by rubbing it up with some innocuous powder.

FOR AMYGDALITIS AND NONDIPHTHERITIC ANGINAS.

℞ Salol . . . . . 2.00 gms.
Ol. amygdalæ dulcis . . . . . 4.00 cc.
Syr. simplicis . . . . . 30.00 cc.
Aquæ destil . . . . . 75.00 cc.

Sig.—To be taken in three doses during the day.

—EPHEMERIS.

FOR MIGRAINE.

℞ Methylene blue . . . . . 1.50 gms. (23 grains.)
Pulv. Myristiæ . . . . . 1.50 " (23 ")

M. et div. in capsulæ No. 15.

Sig.—One capsule, three or four times a day.

—LEWY.

FOR PHTHISIS IN CHILDREN.

℞	Beechwood creasote	3.00 gms. to 8.00 gms.
	Ol. gaultheriæ	0.60 "
	Pulv. acaciæ	3.00 "
	Glycerini	15.00 "
	Ol. morrhuæ q. s. ad	175.00 "

M. et. Sig.—One teaspoonful one hour after each meal.

—EPHEMERIS.

FOR BLEEDING MUCOUS SURFACES (EPISTAXIS).

℞	Antipyrin	0.50 gms.
	Tannin	1.00 "
	Powd. sugar	10.00 "

M. et Sig.—Dust a little on bleeding surface several times a day.

—RENDU.

APHTHOUS STOMATITIS.

℞	Sodii biboratæ	ʒi. or 4.00
	Tinct. benzoin	ʒss. " 2
	Aquæ destil.	ʒiii. " 15.00
	Syrup simplicis	ʒvi. " 30.00

M. et Sig.—Use as mouth wash five or six times a day.

—*Jnl. des Pract.*

TO MASK TASTE OF QUININE.

EPHEMERIS advises the syrup of rose leaves, upon the suggestion of Mr. E. N. Gates, as an excipient to mask the taste of quinine sulphate. The mixture must not be diluted with water or the taste of the quinine becomes evident, otherwise only the peculiar bitter taste of rose leaves is noticeable. The syrup is made from three parts simple syrup and one part fluid extract rosæ centifolia. The proportion of quinine to syrup is, maximum drug, ten grains, to syrup one fluid drachm.

PROTARGOL IN OPHTHALMIA NEONATORUM.

CHENEY (*Boston Med. and Surg. Jour.*, August 25, 1898,) says that he has used this drug in 130 patients in the Massachusetts Charitable Eye and Ear Infirmary and that it seems to possess all the advantages of nitrate of silver, with none of its disadvantages. The very slight degree of irritation produced, and the nearly complete absence of pain, are its chief claims to trial. A 2 or 4 per cent. solution can be used without cocaine, and it can be applied with a

brush, with absorbent cotton on a probe, or with a dropper. Dr. Cheney regards it as equally efficient and much less disturbing than silver nitrate.

DIABETES MELLITUS TREATED WITH BENZOSOL.

N. B. ASPINWALL (*American Therapist*) reports three cases of the disease treated with benzosol with favorable results:

CASE I.—Man, 48 years old, suffering from polyuria, frequent urination, thirst, progressive emaciation, dryness of skin, a general pruritus; in short, the usual symptoms of diabetes mellitus. After other remedies had been tried the patient was given five grains of benzosol every four hours. Under this treatment the patient rapidly improved in general health and increased steadily in weight. The urine decreased in quantity, the specific gravity gradually receding to 1.020, and the sugar decreased progressively until it entirely disappeared.

CASE II.—Mr. E. B. Similar in all respects to case above related, except that the benzosol treatment was commenced as soon as the patient came under Dr. Aspinwall's care. The results were equally prompt and satisfactory, and at the date of the report the patient passed a normal amount of urine of a specific gravity of 1,020.

CASE III.—Mrs. G.; widow; 50 years; has been under treatment for two months for the same disease. Benzosol, five grains, four times a day, is bringing about rapid improvement.

PEPTO-MANGAN (GUDE) IN SURGICAL CONVALESCENCE.

STUART MCGUINE (*Virginia Med. Semi-monthly*) reports 20 patients treated with this remedy, giving the blood count in them all. The following is selected as a specimen of the cases and as showing a good test:

CASE V.—Miss E. J., 17 years old. Patient St. Luke's hospital. Spinal irritation from a fall. Anemic, emaciated and confined to bed for more than a year from contraction of ham-string muscles. Electricity, massage and passive movements. Gave Gude's pepto-mangan forty days. First count, 3,650,000 red corpuscles to the cubic millimeter; second count, 4,425,000 to the cubic millimeter. Her menses, which had been suppressed, became regular. She fattened twenty pounds and left the hospital walking with a cane.

In all, the blood counts showed improvement under the use of the remedy.

GENITO-URINARY AND SYPHILITIC DISEASES.

CONDUCTED BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

LUMBAR NEPHROPEXY WITHOUT SUTURING.

SENN (*Denver Med. Times*, December, 1897,) states that nephropexy is a legitimate surgical procedure in all cases that can be established; that the displaced kidney is the direct cause of the

manifold symptoms which such a condition often produces. In nearly all the operations, the kidney is sutured to the muscular structures, exposed by the incision and the lower border of the last rib. Four sutures are usually used and are passed through the capsule and more or less of the parenchyma of the kidney. The posterior surface is exposed by incising a portion of the capsule, or by reflecting it. It was demonstrated that the fibrous capsule of the kidney would proliferate its kind, under mechanical irritation and aseptic conditions, and thereby adhere to its neighbor.

Nicolandi incises the fibrous capsule sufficient to get a flap without disturbing the parenchyma. All sutures fail to maintain the kidney in the desired location a sufficient length of time to effect permanent fixation. The objections to including the kidney substance is that it is friable and that pathologic conditions result from the presence of sutures in the parenchyma.

Senn dispenses with the use of sutures; he extensively incises the pararenal fat, scarifies the capsule; supports the kidney temporarily by a strip of iodoform gauze and tamponade; maintains prolonged dorsal recumbent position and abdominal compression over the kidney. Free incision of the adipose capsule over the entire posterior surface of the kidney forms a gutter for lodging the kidney, from which it is difficult to dislodge it as long as the patient remains upon his back.

Senn exposes the kidney by Simon's vertical lumbar incision. The adipose capsule is freely incised and reflected, the fibrous capsule is scarified with a large needle. The capsule of the kidney is then grasped at the lower pole of that organ with a vulsellum and brought well forward into the wound. The lower end of the kidney is freed from its capsule and four layers of gauze, one inch wide, are placed underneath the end of the organ and tied over the tampon. The patient is placed upon the back and a compress placed over the kidney, below the costal cartilage. The pelvis is slightly elevated and the patient kept in bed, resting in the dorsal recumbent position upon the wound side for at least four weeks. The tampon is removed at the end of five or six days after the operation and the whole wound will be found paved with rigorous granulations; the edges of the wound are now drawn together by strips of adhesive plaster and held by a gauze roller. Dr. Senn closes his article as follows: The retention of the kidney in its normal location by this method affords not only a firm support by permanently fixing the lower end in the lower angle of the external incision, and by securing

broad surface adhesions, but the oblique angle in which it is anchored adds another mechanical condition, calculated to maintain the organ in position, will also tend to correct flexion of the ureter, if such exists at the time the operation is performed. The immediate and remote results obtained by this method of operating in the last four cases have proved so satisfactory that I am not disposed to return to suturing again, and strongly recommend this method of performing nephropexy for further trial by the profession.

EXPERIENCES IN THE TREATMENT OF SYPHILIS.

KRATOSZYNER (*Pacific Med. Jour.*, San Francisco, Cal.) states that rapid strides have been made in the pathology of syphilis, but its therapy has lagged in the race. For centuries mercury has been the principal remedy used in the treatment of syphilis, although repeatedly abandoned only to be taken up again. Various opinions have been expressed regarding the curability of this disease. Bärensprung said there is no cure. Kaposi, that it is not only curable, but of all infectious diseases is the one in which the best cure can be affected. It is safe to say that treatment at the right time, by the best methods and remedies, managed by an energetic physician, who is well informed as to the pathology of the disease will prevent much harm to the patient and protect the community.

The best remedy is mercury. The theory of the anti-mercurialists is not proven. Mercury is accepted by all careful observers in all civilised countries as the best curative remedy for syphilis. It never produces any lesions which have any connection with those produced by syphilis.

Engelstead stated that out of 7,424 cases of constitutional syphilis, 493 cases of severe destructive lesions occurred in patients who had never had any mercurial treatment. How many more would have occurred had not their maladies been modified by a previous mercurial course? The iodides are very valuable remedies in the advanced stages of the lesion. J. Hutchison says that the combination of mercury and iodine acts more irregularly, is more liable to purge or even to salivate unexpectedly than when used singly or uncombined. Very large doses of the iodines are often used. Keyes has given two and a half ounces each day. Joseph states that ten grains, given three times daily, will cure all the later manifestations of this disease.

In the second stage mercury is the best remedy. There are

three methods of administering mercury into the system, viz.: by the mouth, hypodermic injection and by inunction. In severe cases internal administration is unsafe, because its effects are slow and uncertain. By this method it is impossible to control the amount of mercury that is absorbed, especially if gastro-enteritis is induced. Its use by injection is objectionable on account of the pain it causes, as well as infiltration about the point of injection; not only this, but persistent stomatitis is often produced.

EVERSION OF THE TUNICA VAGINALIS FOR THE CURE OF HYDROCELE.

JABOULAY devised and first practised this procedure in 1893. An incision three inches long is made in the anterior and dependent portion of the scrotum down to and exposing the tunica vaginalis. The tunica is enucleated in the greater part of its extent and the mass turned out of its scrotal covering. The tunica is then opened, the testicle is turned out by eversion and the parietal walls of this membrane are cut away for a third or more of their extent.

Dolon in the *Lyon Medical*, for November 28, 1897, recommended that the remaining portion of the tunica be turned back and stitched together with catgut sutures behind the testicle. The testicle is then replaced within the scrotum and the scrotal wound closed by silver sutures and a drain left in for two days. There remains after this operation a small insensitive mass formed by the everted tunica covering the sphincter cord and the epididimis.

M. Barral, in a thesis upon this subject, says: It is ideal in its simplicity; is very easy to perform; it reduces traumatism to the minimum; it requires but few simple instruments; if asepsis is secured, there is no suppuration; the cure is radical; relapse is impossible; the patient is able to walk sooner than after other operations.

LOCAL ANESTHESIA.—Guaiacol in solution in oil has been used by Lucas Championniere as a local anesthetic, especially for the turbinals and for the removal of polypi in the nose and ear. Anesthesia is obtained in ten minutes. Eucain is still used for operations on the nose, throat and ear. It is less poisonous than is cocain and is used in a solution of 5 to 8 per cent.—*Cleveland Journal of Medicine.*

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THE WAR INVESTIGATION COMMISSION.

PRESIDENT McKINLEY early in September appointed a commission composed of nine members to investigate the conduct of the war. This was done out of respect to a popular demand, created though it was, in whole or in part, by the clamor of the yellow newspapers, supported by unpatriotic sentiments. Of the first appointees several declined, but the commission as finally made up proved if anything stronger than at first constituted and is as follows: Major-general Grenville M. Dodge, of New York, chairman; Major-general Alexander McDowell McCook, U. S. Army (retired); Bvt. Major-general James A. Beaver, ex-Governor of Pennsylvania; Brigadier-general John M. Wilson, Chief of Engineers U. S. Army; Colonel Charles Denby, of Indiana; Colonel James A. Sexton, Commander-in-Chief, Grand Army of the Republic, of Illinois; ex-Governor Urban A. Woodbury, of Vermont; Captain Evan P. Howell, of the late Confederate Army, of Georgia; and Dr. Phineas S. Connor, formerly an assistant surgeon U. S. Army, of Cincinnati. Several of these men are lawyers, while General Beaver is a judge of the appellate court of Pennsylvania. He lost his right leg at Reams's Station, Va., August 25, 1864, and the amputation was of necessity made too high to permit the adjustment of an artificial limb. All of these men have rendered honorable, if not distinguished, service in the army of the United States, either regular or volunteer, except Captain Howell, and he is a veteran of the Confederate Army with an honorable record.

It will be seen that the personnel of the commission is above reproach and may be expected to make a thorough investigation of

the general conduct of the war, as well as to make a report that will be both important and conclusive.

The President in defining the duties of the commission made the following comment:

> There has been, in many quarters, severe criticism of the conduct of the war with Spain. It is my earnest desire that you shall thoroughly investigate these charges and make the fullest examination of the administration of the war department in all its branches, with the view of establishing the truth or falsity of these accusations. I put upon you no limit to the scope of your investigation. I invite the closest scrutiny and examination and shall afford every facility for the most searching inquiry. The records of the war department and the assistance of its officers shall be subject to your call.

Nothing could have been clearer than the intention of the administration thus expressed, to make the investigation all that the word thorough implies. Nevertheless, unfriendly newspapers and hypercritical medical journals have given out, either by direction or implication, that the commission is engaged in a "white-washing" enterprise. To so state either in words or by inuendo is to directly insult not only every member of the commission, but even the President himself. We think it high time that a halt was called in this whole business, and that these ochre-hued newspapers and jaundiced medical journals should be compelled to keep silence until the report of the commission is made public.

Thus far the commission has unearthed nothing that was not heretofore pretty well known, but the testimony it has taken has served to clear up many conditions in the military horison that were perhaps somewhat cloudy. For instance, when General Wheeler testified that the camp at Montauk was the finest temporary military camp the world had ever seen, and that the hospital was supplied with everything needed that money could buy, it settled those questions forever in the minds of every reasonable man. General Wheeler is a veteran of two wars, has seen as much field service as any American officer, and well knows war and its needs. No newspaper or politician can overturn the truths he evolved on the witness stand, which were told in that calm, simple manner, so characteristic of the man, that carried conviction to every listener or reader.

The star witness of the yellow newspaper party, Major Seaman, Surgeon of the 1st New York Engineers, who seemed impressed with the idea that he must pose as a reformer, and had apparently sailed from Porto Rico with that intent, was met and confounded at every point of his plaint. He has even been hoist with the petard

of his own signature, and the officers of the departments of which he found fault have shown that he was at least mistaken in his charges.

The commission at the present writing is in Florida, taking testimony in regard to the camps in that state, and on every hand they have found affairs much better than represented. General Lee's corps in particular has been found to be in excellent condition, both as to supplies and health.

Several professional female nurses were heard at one of the Florida sessions, including Miss Copeland, chief nurse in the Third Division Hospital, Miss Robbins, head nurse in the First Division Hospital, Miss Hubbard, head nurse in the Second Division Hospital, and Misses Walker and Waters, ward nurses. Miss Copeland spoke in commendation of the conduct of the hospitals, and she said that the nurses were well treated and apparently greatly respected. There was in the beginning some scarcity of appliances for the sick, such as hot-water bottles, which, while not a necessity, were often a comfort. Some nurses had made complaints, but they were the kind of persons, she said, who are never satisfied.

This ought to be regarded as most convincing testimony, coming as it does from a source that knows the facts, and could not be charged with any disposition to pervert them.

We have felt impelled to make the foregoing comments on the work of the commission because of the fact that newspapers are still distorting the real conditions, and even some medical journals are lending their columns to similar purposes.

BRIGADIER-GENERAL LEONARD WOOD, U. S. V., the first Colonel of the Rough Riders, now military governor of Santiago de Cuba, is reflecting both credit upon the military and medical professions in his administration of the affairs of that city and province.

He has developed and put in force a sanitary code that has reduced the death-rate of Santiago more than 70 per cent.; he has established police regulations that would do credit to any northern city; he has reopened the public schools, in which he compels the teaching of English by competent instructors, who receive adequate salaries. In short, he has reëstablished civil government on a firm and liberal basis, even though it is administered by military power. General Wood is, as we have intimated, an ornament to the medical and military professions, and in his administration of affairs at Santiago has created a model that deserves imitation.

IN DISCUSSING the question of competence of army officers, especially as bearing upon the selection of camp sites and the responsibility therefor, the *New York Tribune* some time ago made the following pertinent editorial comment:

> So it has been easy to say that the staff has been weakened by adding to it men from civil life. But what would the critics have? Congress permitted an army of but 25,000 men and barely a staff sufficient for that number. Suddenly this army had to be expanded to 250,000 men. Could the old staff be spread over an army ten times as large? If not, what recourse was there, excepting to make the old staff go as far as it could and eke out with appointments of the best men that could suddenly be found in the militia or from civil life? And if the result was often not satisfactory, who was most to blame—the Congress that refused to provide for a larger staff in time of peace, or the authorities who did the best they could with the material at hand when war came?

QUININE is a drug of the utmost importance in the treatment of many diseases, and the war between the United States and Spain, occurring as it has in the tropics, tends to its increased use. As bearing upon this subject a recent communication from Sidney B. Everett, United States Consul at Batavia, Island of Java, possesses special interest.

Writing under date of June 17th, he says that just now things look especially bright for the industry, as the war has resulted in a rise in quinine quotations. For some years Java has been the principal country for the production of cinchona bark. Yet the actual manufacture of sulphate of quinine there has only just begun. The first shipment of record was in last January, and was one of 10,000 ounces. It was shipped to the United States. Up to the date of the report there has been invoiced and shipped to this country 48,300 ounces of sulphate of quinine, valued at $11,395.55 Mr. Everett believes that more will follow.

The success of the one factory in existence seems probable. This factory, the paper accompanying the consul's report shows, buys no bark, but works on commission, the actual proceeds of the finished product going to the planter. It is urged that now is the time to begin new quinine enterprise. The stock now laid up will, it is stated, be consumed in two or three years, and the demand will immediately be largely increased. The quinine made by the American houses comes from bark which is first sent from Java to Amsterdam for sale and then shipped over to the United States.

Mr. Everett's authority, F. W. Sijthoff, manager of the Javanese factory, claims that Java can produce sufficient raw quinine to sup-

ply America, making " that country entirely independent of Europe," to quote his language. He mentions America first in the list of countries supplied by the Java factory. Consul Everett says he cannot conceive of a better investment than the planting of cinchona in Java. Concession of lands are not hard to get there, if one is on the spot. The climate in the interior is as perfect as that of the coast cities is bad. The Dutch government has made a great success of the planting, clearing a profit in 1896 of over $38,500 from its estates. The world's output is only 788,771 pounds, of which Java produces about three-fourths. In 1897 North America imported in cinchona bark and quinine 10,000,000 ounces of sulphate of quinine.

A RECENT dispatch from Washington states that an order has been issued by the War Department directing the Surgeon-general to convene a board of medical officers to examine acting assistant surgeons now in the service as well as candidates for appointments. This is as it should be.

During the progress of the war the demand for medical officers was so great and the immediate necessity so imperative that it was found impracticable to establish or enforce this rule. Now, however, the emergency is past and the surgeon-general does wisely in protecting his department against the liability of incompetent men, by subjecting applicants to adequate examination to determine their fitness to serve as medical officers.

COLONEL L. M. MAUS, chief surgeon of the 7th Army Corps, commanded by General Fitzhugh Lee, at Jacksonville, Fla., has recently made a most elaborate report relating to the health of that command. Colonel Maus has had twenty-four years' experience in the regular army and his opinions, as expressed in his report to the war department, are entitled to the most patient consideration. After reciting the whole situation in detail he concludes his report with the following recommendations :

1. That the medical officers of the national guard be organised in a separate corps, like that of the medical department of the United States Army, and that all such officers be required to pass a rigid examination before receiving a commission before a board, consisting of one medical officer of the United States Army, and two of the national guard; and that they be required to report once yearly at the national guard camps for instruction in professional and administrative work, under the guidance of a medical officer of the

United States Army, detailed by the war department, who shall likewise have authority to call upon these medical officers at anytime during the year for reports as regards the work they are doing in their military organisations. That these medical officers of the national guard be supplied with all of the necessary blanks, books, and the like, arranged for the administration of the medical department by the Surgeon-general of the army.

2. That the hospital corps of the national guard be organised the same as that of the United States Army and independent of regiments. That in time of peace this corps will consist of 3 per cent. of the strength of the national guard, and in time of war of 5 per cent. That the men be required to assemble once yearly at the camps of the national guard for instruction in litter drill, first aids, nursing, care of the sick, and preparation of food, under the instruction of a medical officer of the United States Army, detailed by the war department, and that acting stewards and hospital stewards be appointed from these men after a professional examination before a board of medical officers.

3. That division surgeons be required to pass an examination before a board of three medical officers as to their competency to administer the medical department of a division before receiving commissions, unless they are detailed from the medical department of the United States Army. That military surgeons of known experience in military matters be specially designated for this purpose.

4. That brigade surgeons shall also be required to pass an examination on administrative and professional work before they can receive commissions.

5. That regimental surgeons be abolished, and that the medical department be organised as indicated above under remarks of medical officers.

6. That ample provision be made for hospital tents, constructed of papier maché, and so arranged as they can be shipped and set up at any point where needed. That these tents be supplied with floors, proper windows, doors and ventilation, and so arranged that they can be attached together and form wards.

7. That all hospital cots supplied to the United States Army be wire-woven, with iron or steel frames.

8. That the national guard of the United States be under the control of the national government, as far as summer camps are concerned, and that the expense of these summer camps be defrayed by the national government, and that every officer and soldier of the national guard be placed upon a payroll by the national government for the time he is actually in service. That uniforms for the enlisted men of the national guard be paid for by the national government.

THE following paragraph taken from a daily newspaper (we are sorry not to be able to give its name) contains wholesome

suggestions which deserve to be pondered, especially by business men :

" The influence of fatigue on digestion is pretty well understood. Scientific experiments have demonstrated the fact beyond a doubt. They have even gone further and shown that fatigue is a disease, and that it is possible to produce the same symptoms in one animal organisation by innoculation with the fatigued serum of another, showing that overwork produces an actual poison in the system. Worry is equally antagonistic to good digestion, another fact that is well known, but cannot be too often reiterated to this nation of worrying folk. A little rest and banishment of care in preparation for a meal should become a habit It means lengthened life and preserved health, as do such other confessedly hygienic habits as proper bathing, dressing and wholesome food."

WE DEVOTE considerable space in this issue to the publication of an extended abstract from the report of the Surgeon-general of the United States Navy. It is a document of great interest and will well repay the time devoted to its reading.

IN VIEW of the fact that the patent office at Washington has issued a patent on diphtheria antitoxin to a foreign inventor or manufacturer, it is gratifying to note the determination of Messrs. Parke, Davis & Co., of Detroit, to contest its validity in the courts. This eminent house also proposes, pending a decision, to protect and defend at its own expense physicians in any legal proceedings that may be brought as a result of purchase or use of the antidiphtheritic serum that P., D. & Co. manufacture and offer for sale. It is about time that American physicians were freed from the incubus of foreign patents upon therapeutic resources.

PERSONAL.

DR. WILLIAM C. KRAUSS, of Buffalo, who suffered from a severe illness during a portion of the summer, has recovered and resumed the practice of his profession. He presided at the recent meeting of the Medical Association of Central New York, at Auburn, and his address, which merits reading, is publised in the current issue of the JOURNAL.

DRS. EDWARD CLARK and William B. May, of Buffalo, on recommendation of Health Commissioner Wende, were recently appointed special patrolmen by the Police Commissioners, for the purpose of enforcing the milk ordinances of the city. These are excellent appointments and this plan indicates further zealous care of the milk supply, which has always received the special attention of Dr. Wende.

DR. FREDERICK PETERSON, of New York, has removed from 60 W. 50th to 4 W. 50th Street. Office hours, 9-12 o'clock. Telephone, 779, 38th Street.

OBITUARY.

DR. BENJAMIN M. GRIFFITH, of Springville, Ill., died at his residence in that city, September 24, 1898, aged 68 years. Doctor Griffith was born in Shelbyville, Shelby county, Kentucky, April 14, 1831, and moved with his father when young to Auburn, Lincoln county, Mo. He began the preparatory study for medicine at a school in Louisiana, Mo., in 1853, and was graduated in 1859 from the St. Louis Medical College.

In 1865 he located at Springfield, where he continued to reside and practise his profession until his last illness.

Doctor Griffith was a member of the city board of health for a number of years and always took an active interest in the city's sanitary condition. He was a member of the Illinois State Medical Society, the American Medical Association and the National Confederation Medical Examining and Licensing Boards, having served one year as secretary of the latter body.

In 1892 Dr. Griffith was appointed consulting physician of St. John's Hospital, in which position he served for years with distinction. He was at the head of the hospital staff when he died.

Dr. Griffith was a man of strong character, a conscientious and able physician and an accomplished sanitarian. He is survived by a widow and two children—Dr. B. B. Griffith, of Springfield, and Mrs. S. J. Pitner, of Jacksonville.

DR. NATHAN SMITH LINCOLN, of Washington, D. C., died at his residence in that city October 14, 1898, aged 70 years. Dr. Lincoln was one of the foremost surgeons of his day, and during the

civil war served as surgeon-in-chief of the quartermaster hospitals at Washington. He will be remembered as one of the surgeons who attended President Garfield after the assassination. He was the last but one of that group to survive. Dr. Robert Reyburn is the other. Dr. Lincoln was an able physician, a scholarly man and a good citizen.

DR. CLAUDIUS HENRY MASTIN, of Mobile, Ala., died at his home in that city on Monday, October 3, 1898, aged 72 years. Though he had outlived the so-called allotted period of mankind he was always so vigorous and so much younger than his years, and withal, so rosy and cheerful, that his death came with a sudden shock to most of his friends in the North, and they were legion.

Dr. Mastin was born at Huntsville, Ala., June 4, 1826, received his academic degree at the University of Virginia twenty years later, and began the study of medicine in 1846 as a pupil of Dr. George B. Wood, at Philadelphia. He received his doctorate degree at the University of Pennsylvania in 1849, and in 1875 the honorary degree of LL. D. from the same source. Soon after graduating in medicine he passed several years in Europe, pursuing his studies in the great cities and returning in 1854 to establish himself in practice at Mobile. His early trend was in the direction of surgery and at once he attained reputation for skill in that branch. When the civil war came he entered the Confederate army, finally rising to the responsible position of medical director of the army corps commanded by Lieut. Gen. Leonidas Polk. He returned to Mobile at the end of the war and resumed his practice.

Dr. Mastin was an active member of nearly every national medical society of importance, as well as of his local and state organisations. He was an original member of the American Surgical Association; president in 1891. He was also a member of the American Genito-urinary Association, of the Southern Surgical and Gynecological Association, as well as of the American Medical Association. But he will best be known to posterity as the founder of the Congress of American Physicians and Surgeons, composed of the special societies, which meets in triennial sessions at Washington.

Dr. Mastin was a skilful physician and a keen diagnostician as well as a noted surgeon. His services as a consultant were demanded far and near both as physician and surgeon, and his loss will be keenly felt by a large number of physicians that were accustomed to call for his services in this manner. He was an honorary mem-

ber of many foreign as well as American medical societies, and among the latter of the American Association of Obstetricians and Gynecologists.

He is survived by a widow, two sons, two daughters and a brother —his sons and brother being themselves physicians.

Dr. Mastin was a vigorous writer and a frequent contributor to medical journals and magazines. He wrote a remarkable hand, steady, even, letters well formed, punctuation accurate and page after page fell from his pen without erasures, interlineations, or corrections in any form—it was perfect at first. Truly this remarkable man, whose fame was world-wide, will be mourned by people of both hemispheres.

SOCIETY MEETINGS.

THE Buffalo Academy of Medicine held meetings during the month of October, 1898, as follows:

Section on Surgery.—Tuesday evening, October 4th, program: On the use of chloroform in adenoid operations, Dr. F. W. Hinkel; discussion opened by Drs. Renner and Mulford. Tertiary syphilis of the nose and pharynx, Dr. W. Scott Renner; discussion by Drs. Hinkel, Wehde and others. Report of case by Dr. J. Clemesha.

Section on Medicine.—Tuesday evening, October 11th, program: The Schott treatment in fatty degeneration of the heart, by Dr. Allen A. Jones. Remarks on prognosis and cause of death in cardiac diseases, by Dr. John H. Pryor. Serious heart disease without rheumatism, by Dr. A. L. Benedict.

Section on Pathology.—Tuesday evening, October 18th, program: Pathologic effect of devitalized teeth, by Dr. W. C. Barrett, M. D., D. D. S., dean of the dental department, University of Buffalo. Exhibitions of specimens.

Section on Obstetrics.—Wednesday evening, October 26th, program: The position of the Catholic church on obstetric practice, by Rev. J. F. Mooney. Purulent Ophthalmia, by Dr. Lucien Howe; discussion by Drs. Hubbell, Starr and Satterlee.

THE Sanatory Club of Buffalo proposes to open its winter course with a discussion of the details of construction of hygienic camps

of instruction—the permanent camps in which the great work of transforming the recruit into the soldier is done. The scope of the prospective discussion seems to indicate the conviction of the club that the prevention of disease in military camps waits upon a more complete use and application of well-known sanitary provisions—good drainage and pure water, whereby we secure clean soil, pure air and healthful diet. The enterprise of the club in this direction is to be commended, and it is earnestly hoped that a full attendance of members as well as a large audience of citizens generally will listen to the discussion.

THE Medical Society of the State of New York will hold its ninety-third annual meeting at Albany, Tuesday, Wednesday and Thursday, January 31 and February 1 and 2, 1899, under the presidency of Dr. John O. Roe, of Rochester. The business committee has just been announced and is as follows: Dr. Willis G. Macdonald, Albany, chairman; Dr. Edward B. Angell, Rochester; Dr. James M. Winfield, Brooklyn. Communications relating to the program should be addressed to one of these gentlemen.

THE Mississippi Valley Medical Association at its recent meeting at Nashville, Tenn., elected the following-named officers: President, Dr. Duncan Eve, Nashville, Tenn.; first vice-president, Dr. A. J. Ochsner, Chicago, Ill.; second vice-president, Dr. J. C. Morfit, St. Louis, Mo.; secretary, Dr. Henry E. Tuley, Louisville, Ky. (111 W. Ky Street); treasurer, Dr. Dudley S. Reynolds, Louisville, Ky. Chicago is to be the next place of meeting. Chairman of committee of arrangements, Dr. Harold N. Moyer. Time of meeting: October, 1899. Date to be determined by the executive officers and the chairman of the committee of arrangements.

THE Southern Surgical and Gynecological Association previously announced its eleventh annual meeting to be held in Memphis, Tenn., Tuesday, Wednesday and Thursday, November 8, 9 and 10, 1898, but it has been postponed till Tuesday, Wednesday and Thursday, December 6, 7 and 8, 1898, on account of the quarantine regulations relating to yellow fever in some parts of the South. The Gayoso House has been selected as headquarters for the Association. Dr. Richard Douglas, of Nashville, is president and Dr. Wm. E. B. Davis, of Birmingham, is secretary.

THE Western Surgical and Gynecological Association will hold its eighth annual meeting at Omaha, December 28 and 29, 1898, under the presidency of Dr. D. S. Fairchild, of Clinton, Ia. Titles of papers from some of the leading surgeons of the west are already in the hands of the secretary and the coming meeting promises to be the most interesting yet held. The local committee of arrangements at Omaha is actively preparing for the entertainment and comfort of those who attend. Titles of papers should be sent to the secretary, Dr. Geo. H. Simmons, Lincoln, Neb., not later than November 20th to insure a place on the program.

THE Esculapian Club is the name of a new medical organisation that has been established in Buffalo. It holds meetings every month from October to May inclusive and its membership is limited to twenty-five. The November meeting will be held at the residence of Dr. C. J. Reynolds, 322 Fox street, at which Dr. A. W. Bayliss will read a paper. A notice of this medical society would have been incorporated in the Century of Medical History, now running in the JOURNAL, had the historian been advised of its existence.

THE Iowa State Association of Railway Surgeons held its fifth annual meeting at Clinton, October 13 and 14, 1898, under the presidency of Dr. R. A. Patchen, of Des Moines. The program was elaborate and the meeting proved excellent. Dr. Patchen is a native of Western New York and on a recent visit East paid the JOURNAL a call, which courtesy we shall be glad to have often repeated.

COLLEGE AND HOSPITAL NOTES.

THE Samaritan Hospital, at Troy, N. Y., was recently opened and is in every way a model of its class. It contains eighty ward beds, thirty private rooms and an infectious building in four separate departments, containing thirty-five beds. Dr. William Wotkyns Seymour is attending surgeon.

THE following appointments were recently announced at the Buffalo Hospital of the Sisters of Charity: Dr. John H. Pryor, consulting physician; Dr. Stephen Y. Howell, gynecologist; Dr. Eugene A. Smith, surgeon; Dr. H. Y. Grant, ophthalmologist and otologist.

CORNELL University Medical College, recently established in New York City, has received a princely gift from Col. Oliver H. Payne, which includes a valuable site in First Avenue, money for the erection of buildings and an endowment fund—the whole aggregating the munificent sum of $1,500,000.

Book Reviews.

THE TREATMENT OF SKIN CANCERS. By W. S. GOTTHEIL, M. D., Professor of Dermatology at the New York School of Clinical Medicine; Dermatologist to the Lebanon Hospital, the Northwestern and West-side German Dispensaries, etc. New York: Published by the International Journal of Surgery Company, 100 William Street.

This little brochure of 67 pages, by Gottheil, which treats especially of the diagnosis and treatment of skin cancers, while the etiology and pathology are but briefly considered, will well repay the half hour required for its perusal. Considerable space is devoted to describing the various methods and the different caustics recommended for the destruction of this malignant process, and the author concludes that arsenious acid, owing to its pacific selective action, is the safest, surest and best remedy for this purpose. We cannot better express our appreciation of the book than to quote the last sentence in Dr. Gottheil's preface: "It is my hope that what I have written may do something toward taking this most eligible method of treating cutaneous carcinomata out of the hands of unauthorised practitioners, and placing it where it belongs, at the disposal of the profession at large." E. W.

A CLINICAL MANUAL OF SKIN DISEASES. With Special Reference to Diagnosis and Treatment, for the Use of Students and General Practitioners. By W. A. HARDAWAY, A. M., M. D., Professor of the Diseases of the Skin and Syphilis in the Missouri Medical College, St. Louis; Physician for the Diseases of the Skin to the Martha Parsons' Hospital for Children and to St. John's Hospital; Ex-President of the American Dermatological Association. Second edition, revised and enlarged, with 42 engravings and 2 plates. Philadelphia and New York: Lea Brothers & Co. 1898.

This excellent manual has undergone a thorough revision and appears in its second edition. Numerous alterations and additions are found everywhere throughout the book, the most important rearrangement being the presentation of the various diseases of the skin under a scientific system of classification, instead of alphabetically as at first. Among other changes noted is the omission of the appendices of formulæ, since the necessary directions are now found incorporated in the text. However, the general plan of the book remains the same.

As a handbook this manual is worthy of the highest praise, being a valuable and concise résumé of modern dermatology as it actually exists, rather than a digest of dermatological speculations. It embodies the recent views and advances made in pathology, closeness and accuracy in diagnosis and practical usefulness in treatment.

The work is quite fully and carefully illustrated with a few new additions which are all good and well selected. Professor Hardaway's work fulfills well its purpose as a compact, reliable and satisfactory manual, designed for students and general practitioners of medicine.

E. W.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK. For the year 1898. Edited by Frederic C. Curtis, M. D., Secretary, Albany, N. Y. Octavo, pp. viii.—512. Philadelphia: Wm. J. Dornan, Printer. 1898.

This excellent medical society again presents its annual volume of transactions in attractive form. The book before us records the proceedings, scientific papers, discussions and other important matters pertaining to the 92d annual meeting of the society. Though one of the oldest medical organisations in the country it keeps itself ever young through the influence of new and enterprising members added each year, and by a spirit of general aggressiveness and progressiveness that is commendable

The form and method of publication adopted by this society is of the best and deserves to be imitated by other state societies, that are less careful in the publication of their transactions. The make-up of the book is due to two essential factors—an experienced secretary and a most excellent printer. Both should be kept as long as they will serve.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES, INCLUDING A BRIEF TREATISE ON THE PATHOLOGY AND TREATMENT. By PROF. DR. FRANZ MRACEK, of Vienna. Authorised translation from the German. Edited by L. BOLTON BANGS, M. D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, etc., etc. Duodecimo, pp. 122. With 71 colored plates. Philadelphia: W. B. Saunders. 1898.

This work is constructed upon lines that will aid the general practitioner of medicine amazingly in interpreting the various phenomena that follow syphilitic infection. The illustrations are numerous and clear, they are faithful depictions of clinical facts, and cannot fail to elucidate many hitherto obscure conditions, such as only the specialist of great skill ordinarily would be competent to explain. The characteristic thoroughness of the German is everywhere to be noted in the text as well as the plates. The diffusion of such literature amongst the profession of medicine is to be commended and especially upon the subject of which this book treats, on which there has, until somewhat lately, been so much taught that was not accurate, thus necessitating unlearning the false to make way for the true.

The editor has performed a valuable service in reducing the text to smooth English, without in any way modifying or perverting the author's ideas.

The book is one of vast possibilities for good and should be found in every physician's library.

DISEASES OF THE STOMACH. A Text-book for Practitioners and Students. By MAX EINHORN, M. D., Adjunct Professor in Clinical Medicine at the New York Post-Graduate Medical School and Hospital; Visiting Physician to the German Dispensary. Pp. 486. New York: William Wood & Co. Second revised edition. 1894.

Soon after the appearance of the first edition of this work, that is to say, in the issue of the JOURNAL for April, 1897, we published a somewhat extended review of it, and commended it to the profession of medicine in complimentary terms. That a new edition is called for so soon speaks importantly of its reception. Very few authors find their first editions exhausted within a year of their publication. Einhorn has taken advantage of this fact to make some alterations and a few additions to the text of his book, but there are no very radical changes, because there have been very few new principles added to the subject. An extended review is, therefore, uncalled for at this time, and we shall content ourselves with reminding our readers that this treatise was the first original work published in this country on the subject, and to say that it may be accepted as a safe guide by physicians as well as an excellent book for students.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By JOHN CHALMERS DACOSTA, M. D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia, etc. Octavo, pp. 911. With 386 illustrations. Philadelphia: W. B. Saunders, 925 Walnut street. 1898.

The first edition of this work appeared in the Autumn of 1894 and in the issue of the JOURNAL for February, 1895, we expressed a favorable opinion of the book. The author announced in his first edition that it sought to stand between the text-book and the compend—a place that it most admirably fills. He has not changed the general scope or plan of the work in this edition, though he has practically rewritten the book. Many new articles have been added, and most of the old sections have been "enlarged, restricted or otherwise altered."

DaCosta does not discuss the specialties—ophthalmology, gynecology, laryngology and the like—but leaves them to the consideration of those trained in these lines. This, in our view, is wise, and it bespeaks a modesty on the part of this author not usually found among general surgeons. They generally wish to cover the whole field whether in practice or authorship, and often make sorry work of it.

One of the advantages of this work for the student will be found in the fact that obsolete and unessential methods have been left

untouched; therefore he will not be confused in determining the best course to pursue in a given condition. The author devotes much space to the practical, and, per contra, but little to the theoretical, thus further enhancing the value of the book for the student and young practitioner of surgery. For example, extended space and comment are given to the consideration of the all-important subjects of fractures and dislocations—a praiseworthy fact.

By and large this work in material, illustration and mechanical make-up is in our opinion the best *manual* on surgery that has yet issued from the American press.

MANUAL OF PRACTICAL DIAGNOSIS FOR THE USE OF STUDENTS AND PHYSICIANS. By JAMES TYSON, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the University Hospital, etc. Small 8vo, pp. xii.—278. Third edition, revised and enlarged. Illustrated. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1898.

It is always a genuine pleasure to take up a book that Tyson has written, for in it he is sure to say something new, even upon an old subject, or to say it in a new way, which is almost the same thing. This little work is distinctive in the direction named; in it will be found many ideas, or additions to principles, not found elsewhere. The story, too, is told in an entertaining way. This third edition of an important manual on a growingly important subject will be found useful to both physicians and students, though chiefly designed for the latter. Professor Tyson has made some changes and additions here not found in previous editions, and, altogether it is one of the most useful of all the small medical books published.

ATLAS AND ABSTRACT OF THE DISEASES OF THE LARYNX. By L. GRÜNWALD, M. D., of Munich. Authorised translation from the German. Edited by CHARLES P. GRAYSON, M. D., Lecturer on Laryngology in the University of Pennsylvania, etc., etc. With 107 colored figures and 44 plates. Philadelphia: W. B. Saunders. 1898.

The object of this book, as stated by its author, is to help the beginners in the art of observing and interpreting. The study of diseases of the larynx has always been attended with extreme difficulty, especially in the acute stages. It is true the laryngoscope of late has simplified the matter somewhat, yet only a few are prepared to give a pathologic description of what they see, or even make a mental picture of the field sufficiently accurate to guide in treatment. This work will aid vastly in clearing up doubt and may well be studied by specialists as well as students and practitioners. The pictures are beautiful works of art and are noted for faithfully depicting just what they are intended to elucidate. Illustrations do not always do this, so we desire to emphasise this point in the work. It deserves a large sale and doubtless will obtain its deserts in this respect.

A MANUAL OF OTOLOGY. By GORHAM BACON, A. M., M. D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by CLARENCE J. BLAKE, M. D., Professor of Otology in the Harvard Medical School, Boston Duodecimo, pp. 400, with 109 engravings and 1 colored plate. Philadelphia and New York: Lea Brothers & Co. 1898.

The student will welcome the appearance of Dr. Bacon's manual of otology, as the works on the diseases of the ear accessible to him, especially by American authors, are more extended than he needs. This manual contains the essential facts of otology as they are understood today, including the anatomy and physiology of the ear, its diseases and their treatment. The author is both an experienced teacher and practitioner and, with good discrimination, he has made a most judicious selection of the materials for the work. It is to be regretted, however, that the diction is not more lucid, and that the literary character does not correspond with the excellency of the material. It is to be hoped that in a second edition there will be less evidence of hasty production. A. A. H.

LECTURES ON TUMORS. By JOHN B. HAMILTON, M. D, LL. D., Professor of Surgery, Rush Medical College and Chicago Polyclinic; Surgeon to Presbyterian Hospital, etc., etc. Third edition. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1898.

The importance of a thorough knowledge of the pathology, diagnosis and treatment of tumors is second to no other subject in surgery. These lectures are given by a masterful surgeon, who knows his subject and appreciates its importance. He makes it interesting by simplicity of speech and method of dealing with it. No student can fail to know something of tumors who will carefully study this monograph.

THE OFFICE TREATMENT OF HEMORRHOIDS, FISTULA, ETC., WITHOUT OPERATION. Together with Remarks on the Relation of Diseases of the Rectum to Other Diseases in Both Sexes, but Especially in Women, and the Abuse of the Operation of Colostomy. By CHARLES B. KELSEY, A. M., M. D., late Professor of Surgery at the New York Post-graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, the New York County Medical Society, etc. Duodecimo, pp. 68. New York: E. R. Pelton, Publisher, No. 19 East Sixteenth street. 1898.

The foregoing is a large title to a small book. The author says that in presenting the three lectures contained in the book in this form, he has done what he could to counteract the far too prevalent idea in the medical profession, that the only radical treatment of these affections lies in operation, and to further call attention to the too frequent misuse of operative procedures. If he succeeds in this laudable endeavor he will do well; at all events the little brochure affords an hour's pleasant reading.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF GYNECOLOGY. By E. C. DUDLEY, A. M., M. D., Professor of Gynecology in the Chicago Medical College, Chicago. Octavo, pp. 632, with 422 engravings, of which 47 are in colors, and 2 colored plates. New York and Philadelphia: Lea Brothers & Co. 1898.

If it is true, as has been asserted, that there are too many text-books on gynecology, it is equally true that there are not too many good ones. We could wish that all deserved the high place in the literature of medicine that this work of Dudley merits. In the first place, it is written by a careful, conscientious observer, who well understands his subject and its needs. In the second place, it is limited to the presentation of only such material as experience has taught the author to regard as valuable, excluding everything not justified by pathology or observation as worthy of record.

Professor Dudley has made five grand divisions of his treatise, as follows: I. General Principles. II. Inflammations. III. Tumors, malformations and tubal pregnancy. IV. Traumatism. V. Displacements and pelvic massage. It will be observed that these follow pathological lines, rather than the usual plan of treating of the diseases of a special organ in separate chapters; in other words, it is primarily pathological and only secondarily regional in its arrangement. This is an excellent plan for students especially, because they are less apt to be confused by it than by the old way.

In the first part Dudley considers the physiological periods in the life of woman, which are five—namely, infancy, puberty, maturity, the menopause, and senility. Then he takes up in the next antiseptics, asepsis, diagnosis, local treatment, minor operations, major operations, drainage, after-treatment, and the relation of dress to the diseases of women. He demonstrates his practical knowledge in his preparation for operations and in the technique he describes. In the chapter on dress he has carefully pointed out an important factor in causing diseases of not only the abdominal and pelvic organs, but of the thoracic viscera as well. We wish every woman as well as every physician was properly impressed with the importance of this subject, and could know how she deforms and displaces her organs by the adoption of present methods of dress. The author might have enlarged the chapter very much, but what he has said is pointed and instructive.

Coming now to the second grand division, inflammations, we find the following order, infection, vulvitis and vaginitis, eczema, herpes, kraurosis, pruritis and hyperesthesia vulvæ, and vaginismus; inflammation of the uterus; acute metritis; chronic metritis; chronic endocervicitis; chronic myo-metritis; pelvic inflammation; pelvic cellulitis; inflammation of the uterine appendages—salpingitis, ovaritis, pelvic peritonitis; urethritis, prolapse of the urethra, sub-urethral abscess, cystitis, pyelitis. We have given the foregoing to show the order of sequence in which Dudley handles his subjects.

In the third part, in which tumors, tubal pregnancy and malformation are dealt with, our author is at his best. Here he gives us excellent pathology and admirable surgical technique. If now and

then we would differ from him, it is only in relation to some minor point, and who shall say which of two methods is best when results are the same or similar? Too much dogmatism in medicine, especially in gynecology, is to be deplored. That method is best for an operator with which he is most familiar, and which enables him to make the best economy of time and shorten anesthesia.

In the fourth and fifth parts will be found much that is helpful to the physician who does not practise operative gynecology, as related to the abdomen and pelvis. Every gynecologist ought to be prepared to close an uncomplicated lacerated cervix or perineum and to treat ordinary displacements.

The final chapter is allotted to the consideration of pelvic massage, after the method of Brandt. It is illustrated with nineteen drawings, giving the various methods of its application. There is no question but that this is a valuable aid in appropriate cases, and that it has not yet been given the place it merits among gynecological resources. Its liability to misuse and its employment by professional fakirs has made physicians mistrustful of it and prevented its employment in many instances, but Dudley hopes what he has said of it will lead to its more definite recognition and scientific use. We trust these expectations may be fulfilled.

This treatise is quite elaborately illustrated with wood cuts, a few photographs, two colored plates, and a number of colored drawings. Some of these pictures are excellent, a few of them are antiquated, and the remainder seem to elucidate the text with reasonable clearness. The colors, illustrating congenital gynatresia, are especially to be commended. No one could fail to understand the pathology of this condition after a study of them. We wish we could give a careful analytical review of the work, but this neither time or space will permit. We, have, however, attempted to outline its scope and method, which is perhaps even better for our readers, for it will enable them to judge as to the proprietary of possessing it, and this is, after all, the most important question to be elaborated here. As a final word, however, we may truthfully add that no man, young or old, student or specialist, family doctor or consultant, will regret the time spent in the reading of this book as a whole, or in any special part. It is the kind of a treatise that the profession is better for having at hand.

PROCEEDINGS of the Tenth Annual Session of the Association of American Anatomists. Held at Cornell University, Ithaca, December 28-30, 1897. D. S. Lamb, M. D., Secretary.

This brochure of 142 pages cannot fail to interest everyone who is engaged in the teaching or study of anatomy. It was appropriate that the tenth session of the association should have been held at Ithaca, the home of Professor Wilder, a founder, and it was still more felicitous that the association shcuild elect the distinguished anatomist and physiologist of Cornell University, to be its next presi-

dent. The pamphlet contains a portrait of the late Dr. Harrison Allen as a frontispiece.

A GUIDE TO THE CLINICAL EXAMINATION OF THE BLOOD FOR DIAGNOSTIC PURPOSES. By RICHARD CABOT, M. D. With colored plates and engravings. Third revised edition. Octavo, pp. 462. New York: William Wood & Co. 1898.

The early appearance of the third edition of this most important and excellent work speaks volumes for its worth. It treats upon a comparatively new subject, and is the only volume in English yet published upon hematology. The author is one of the first scientists in this country to study this department of clinical medicine, and to him the profession is indebted for what little it has acquired in regard to it. We say "what little" understandingly, for there is so much yet apparently to be unfolded that the information already acquired seems but little indeed.

We have, however, already learned that it will not simply answer to pronounce a patient anemic and proceed to administer iron without a complete investigation, including at least a blood count. But we are now just concerned with the present volume and proceed to point out the additions or changes that have been made since a former edition was set forth.

The principal additions include an account of Oliver's tintometer and hemoglobinometer, new matter in the chapter on the primary anemias and on leukemia, and a description of Muller's "blood-dust" (the newly discovered constituent of normal and abnormal blood), 1,700 additional blood examinations, new observations on poisoning, on aneurisms, or cretinism, etc. The general plan of the book remains unchanged.

In a review of a former edition the JOURNAL entered into a detailed notice of the several books and parts into which the author divides his subject; but this is now not requisite. What the physician needs is to purchase the book at once, for no intelligent professional work can be done without an understanding of the principles and methods therein set forth. The plates illustrating the blood corpuscles are works of art and the whole make-up of the book is beyond criticism.

REPORT of the Commissioner of Education for the Year 1896-97. Volume I. Containing Part I. Washington: Government Printing Office. 1898.

These reports, always valuable, grow more and more so with each year. The present one deals largely with educational questions in Europe, which merit examination and study in comparison with our own system. The commissioner makes appropriate reference to General Francis A. Walker's educational work and recommends that the various papers he wrote be collected into a volume by themselves, remarking that such a book would take a place at once in the most select list of educational classics. We hope the

department will adopt the commissioner's suggestion. The commissioner dwells upon the importance of art in education and makes many felicitous observations upon this most important subject. We certainly hope what he says will lead to a more direct attention to this question. All educators should obtain this report, and read carefully the many admirable features it contains and discusses.

BOOKS RECEIVED.

The Treatment of Skin Cancers. By W. S. Gottheil, M. D., Professor of Dermatology at the New York School of Clinical Medicine; Dermatologist to the Lebanon Hospital, the Northwestern and West-side German Dispensaries, etc. Price, $1.00. New York: Published by The International Journal of Surgery, 100 William Street. 1898. (See Book Reviews, this issue.)

The Refraction of the Eye. A Manual for Students. By Gustavus. Hartridge, F. R. C. S., Senior Surgeon to the Royal Westminster Ophthalmic Hospital; Ophthalmic Surgeon and Lecturer on Ophthalmic Surgery to the Westminster Hospital; Ophthalmic Surgeon to St. Bartholomew's Hospital, Chatham, etc. With 104 illustrations. Ninth edition. Duodecimo, pp. xvi.—267. London: J. & A. Churchill. Philadelphia: P. Blakiston's Son & Co. 1898.

The Principles and Practice of Hydrotherapy. A Guide to the Application of Water in Disease. For Students and Practitioners of Medicine. By Simon Baruch, M. D., Visiting Physician to the J. Hood Wright (formerly Manhattan General) Hospital; Consulting Physician to the Montifiore Home for Chronic Invalids, etc., etc. With numerous illustrations. Octavo, pp. viii.—435. New York: William Wood & Co. 1898.

A Laboratory Guide to Urinalysis and Toxicology. By R. A. Witthaus, M. D., Professor of Chemistry, Physics and Toxicology in the Medical Department of Cornell University; Professor of Chemistry and Toxicology in the Medical Department, University of Vermont, etc., etc. Fourth edition. New York: William Wood & Co. 1898.

American Pocket Dictionary. Edited by W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the Hospital of the University of Pennsylvania; Fellow of the American Academy of Medicine, etc., etc. Containing the pronunciation of over 26,000 words, along with over 60 extensive tables. Philadelphia: W. B. Saunders, 925 Walnut Street.

The Care of the Baby. By J. P. Crozer Griffith, M. D., Clinical Professor of Diseases of Children, University of Pennsylvania. Second edition, revised. Duodecimo, 404 pages, with 67 illustrations in the text and 5 plates. Price, cloth, $1.50. Philadelphia: W. B. Saunders, 925 Walnut Street.

Essentials of Materia Medica, Therapeutics and Prescription Writing, Arranged in Form of Questions and Answers. Especially for Students of Medicine. By Henry Morris, M. D., Physician to St. Joseph's Hospital, etc. Fifth edition, revised and enlarged. Philadelphia: W. B. Saunders, 925 Walnut Street.

Practical Diagnosis. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Third edition, enlarged and thoroughly revised. In one 8vo volume of 615 pages, with 204 engravings and 13 full-page colored plates. Cloth, $4.75 net. Philadelphia and New York: Lea Brothers & Co.

The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M. D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University and Physician-in-Chief of the Johns Hopkins Hospital, Baltimore; Formerly Professor of the Institutes of Medicin

McGill University, Montreal, and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Third edition, entirely revised and enlarged. New York: D. Appleton & Co. 1898.

King's American Dispensatory. By Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's Materia Medica and Therapeutics; President Ohio State Eclectic Medical Association, etc., etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; Formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex-President of the American Pharmaceutical Association; Author of the Chemistry of Medicines; Drugs and Medicines of North America; Etidorpha; etc., etc. New edition, entirely rewritten and enlarged. Two volume edition, royal 8vo, each volume containing over 950 pages with complete indexes. Cloth, $4.50 per volume, postpaid; sheep, $5.00 per volume, post-paid. Volume I. now ready. Cincinnati, O.: The Ohio Valley Co., Publishers.

A Primer of Psychology and Mental Disease for Use in Training-Schools for Attendants and Nurses and in Medical Classes. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second edition, thoroughly revised. 5½ x 7¼ inches. Pp. ix.—116. Extra cloth, $1.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914–16 Cherry street. New York City: 117 W. Forty-second street. Chicago: 9 Lakeside Building, 218–220 S. Clark street, Chicago, Ill.

Practical Uranalysis and Urinary Diagnosis: A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., LL. D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of Bright's Disease and Allied Affections of the Kidneys; also of Diabetes: Its Causes, Symptoms and Treatment. Fourth, revised edition. With numerous illustrations, including photo-engravings and colored plates. In one crown 8vo volume, 365 pages, bound in extra cloth, $2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914–16 Cherry street. New York City: 117 W. Forty-second street. Chicago: 9 Lakeside Building, 218–220 S. Clark street.

A Treatise on Diseases of the Ear. Together with a Brief Sketch of the Anatomy and Physiology of this Organ. By Albert H. Buck, M. D., Clinical Professor of the Diseases of the Ear, College of Physicians and Surgeons, Medical Department of Columbia University, New York; Consulting Aural Surgeon, New York Eye and Ear Infirmary and the Presbyterian Hospital. Third revised edition. Octavo, pp. xii.—592. Price, $3.50 net. New York: William Wood & Co. 1898.

Student's Histology. A Course of Normal Histology for Students and Practitioners of Medicine. By Maurice N. Miller, M. D., Late Director of the Department of Normal Histology in Loomis Laboratory, University of the City of New York. Revised by Herbert U. Williams, M. D., Professor of Pathology and Bacteriology, Medical Department University of Buffalo. Third revised edition. Profusely illustrated. One volume, pp. 273. Price, $2.00 net. New York: William Wood & Co. 1898.

Clinical Lectures on Mental Diseases. By Thomas S. Clouston, M. D., Lecturer on Mental Diseases in the University of Edinburgh. New (5th) edition. Crown 8vo, 750 pages, with 19 full-page colored plates. Cloth, $4.25 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

Contributions to Orthopedic Surgery. By A. Sidway Roberts, M. D., Late Surgeon to the Philadelphia Hospital; Orthopedic Surgeon to the Out-Patient Department in the University Hospital; Instructor in Orthopedic Surgery in the University of Pennsylvania; Out-Patient Surgeon to the Episcopal Hospital;

Fellow of the College of Physicians of Philadelphia and of the American Orthopedic Association; Member of the Pennsylvania State Medical Society, Philadelphia County Society, Pathological Society, Neurological Society, etc. With a Brief Biographical Sketch by James K. Young, M. D., Professor of Orthopedic Surgery, Philadelphia Polyclinic; Professor of Orthopedic Surgery, Woman's Medical College, etc. Illustrated, pp. 300. Philadelphia: William J. Dornan, Printer. 1898. From the Editor.

Histology, Normal and Morbid. By Edward K. Dunham, M. D., Professor of General Pathology, Bacteriology and Hygiene, in the University and Bellevue Hospital Medical College, New York. In one very handsome octavo volume of 448 pages, with 363 illustrations. Cloth, $3.25, net. Philadelphia and New York: Lea Brothers & Co., Publishers.

A Text-book of Pathology. By Alfred Stengel, M. D., Instructor in Clinical Medicine in the University of Pennsylvania; Professor of Clinical Medicine in the Woman's Medical College, Physician to the Philadelphia Hospital, Physician to the Children's Hospital, etc. With 372 illustrations. Octavo, pp. 848. Philadelphia: W. B. Saunders. 1898.

Diet and Food. Considered in relation to strength and power of endurance, training and athletics. Hy Alexander Haig, M. A. and M. D. Oxon., F. R. C. P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women; Author of Uric Acid as a Factor in the Causation of Disease. With 5 illustrations. Duodecimo, pp. vi.—86. London: J. & A. Churchill, Philadelphia: P. Blakiston's Son & Co. 1898.

Cleft Palate; Treatment of Simple Fractures by Operation; Diseases of Joints; Antrectomy; Hernia, etc.. etc. A series of Clinical Lectures. By W. Arbuthnot Lane, M. S. Duodecimo, pp. 278. From the author. The Medical Publishing Company—Limited (Clinical Journal Office.) 1898.

ITEM.

THE JOURNAL has received the following interesting communication:

THOMAS ARMSTRONG, Publisher,
People's Institute Building, Van Buren and Leavitte Streets.

CHICAGO, October 6, 1898.

Dear Sir—Will you please send us your advertising rates also state the amount of your paid circulation, and the number of sample copies you send out each issue? We would like to know your lowest rate for carrying the within "ad." one, three, six or twelve months, also what you would charge for a trial insertion. You can see the "ad." in print in the *Medical Brief* of St. Louis, on page 1543, October number; it occupies just one inch. You can state how much the "ad." would cost either with or without your journal for the time mentioned. If we accept your proposition we will return you the "ad." with remittance. You may also state the rates for one inch, or for two inches, and whether your publication is a weekly, semi-monthly or monthly.

Respectfuly yours,
THOMAS ARMSTRONG.

The advertisement referred to and which we were asked to print reads as follows:

JUSTICE TO SUCCESSFUL PRACTITIONERS AND STUDENTS.

Undergraduate practitioners furnishing sworn statements from county officers, certifying they have practised medicine successfully for years, can have the degree of M. D. lawfully conferred at home, without attendance, from legally chartered medical college.

Students attending, graduated when competent, independent of time. Graduation in dentistry same basis. For particulars address, Lock Box 590, Chicago.

The foregoing is respectfully referred to the Illinois State Board of Health for investigation and action. It is difficult to understand how such nefarious schemes can be tolerated. As the JOURNAL does not exchange with the *Medical Brief* we have not seen the advertisement in print in that so-called medical journal, but if the *Brief* has any subscribers in this state we congratulate them on their outlay and the value they get for their money.

LITERARY NOTE.

THE *Kansas City Lancet* is the name of the medical journal heretofore known as *Langsdale's Lancet*. It is edited and published by Dr. John Punton, who is professor of nervous and mental diseases at the University Medical College, Kansas City, Mo. We think the change of name a wise one, as personal journal titles never appeal to the professional public. We wish the *Lancet* continued success under its new name and management.

ADDITIONAL PERSONAL.

CHARLES BENJAMIN KNOWLTON, M. D., of the Buffalo bar and an alumnus of the Buffalo University Medical College, has recently established law offices in the Erie County Savings Bank Building.

OBITUARY.

THE death of Col. George E. Waring, at New York, October 29, 1898, is to be rated as a distinct national loss. He contracted yellow fever at Havana while on special service for the government, hence sacrificed his life as distinctly as though he had fallen in the front rank before Santiago. He has performed such conspicuous service throughout the United States as a sanitary engineer, that his death will be felt by the medical profession as keenly as if one of its own members had been stricken down with the dread disease that Col. Waring was laboring to eradicate.

BUFFALO MEDICAL JOURNAL.

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Original Communications.

MILK IN THE SICKROOM DIETARY.[1]

BY B. C. LOVELAND, M. D., Clifton Springs, N. Y.

THAT the value of milk as a therapeutic prescription is almost unknown by the laity is in accordance with the observation of all medical men. That the extent and variety of uses to which it may be put in combating disease is also unknown by many practitioners of medicine is the conviction arrived at after several years of study and experience. Hence I have chosen this subject.

I think that 90 or more per cent. of the patients for whom I prescribe a diet, in which milk is mentioned as an important factor, if they could be brought together, would form one magnificent chorus, and the theme which would engage all their voices would be "I never could take milk. It never did agree with me," and a few would add, "I never could even take it as a baby without its making me sick." So common is this experience and so generally do I find that these same persons meet with a new revelation, and learn that they cannot only tolerate milk, but derive great benefit from its use, that I have ventured to record some of my observations and conclusions.

Of course, if milk would only agree with our patients, we would like to give it in all kinds of diseases attended with loss of flesh and general poor nutrition. And it is equally true that milk, given as it usually is, does not agree with many of these patients. If these statements are correct and if, as our physiologists say, milk is the only perfect food for man, we must look to some error in the administration for the reason why so many of our patients are unable to take it with benefit.

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

The ways in which milk disagrees with patients are chiefly the following: (I will mention them in the order of their frequency) "biliousness," constipation and dizziness, acidity of the stomach, indigestion and diarrhea. Taking these up in order we will study the causes and the remedy for the disagreement in each case. "Biliousness," acute lithemia, that condition of malaise, dull heavy head, loss of appetite, with possible furred tongue and nausea, usually occurs in the so-called bilious temperament, a condition generally attended with constipation and deficient kidney and skin excretion and blood rich enough or even too rich in all the essential ingredients except water.

A dizzy head is the legitimate result of these conditions, whether the patient is taking milk or not. This condition frequently follows the use of milk as an aid to gaining flesh, the patient often enriching it by the addition of cream and refraining from the use of even the small amount of water such patients usually drink, for the milk quenches thirst and most people only drink when thirsty. The blood, already too thick, becomes thicker. The water contained in the milk, being in reality a distilled water, possesses very marked diuretic properties. On the addition of milk to the dietary in the manner just mentioned, there is an immediate and considerable increase in the quantity of urine excreted, and this increase is in a measure at the expense of the fluid usually kept in the intestinal secretions. Consequently, unless the patient is made aware of the necessity of drinking the usual amount of water in addition to the milk, we find that this concentration, of the intestinal secretions and liver secretion as well, results in constipation, biliousness, furred tongue, dizzy head and the other symptoms grouped in this class.

The remedy for this condition, or, in other words, the way to adjust milk to a patient such as has just been described, is to specifically include in the dietary such an amount of water and the coarser foods, such as the entire grain cereals and green vegetables, (most fruits being contraindicated with milk,) as will supply the necessary materials to keep the intestinal contents of a proper consistency and thus prevent the constipation and other results referred to. To be more specific, in cases where milk is given as an addition to the diet for the purpose of increasing flesh or the general nutrition, if we prescribe three glasses of milk during the twenty-four hours, our patient will require the usual nine glasses of water per day and some portion of this may well be taken with the milk. If we prescribe six glasses of milk per day, in the same

manner six or seven glasses of water per day will be required to supply the necessary amount of fluid. As we still further increase milk, using less solid food, we may use less water, until we have our patient on a pure milk diet, in which circumstances at least twelve glasses or three quarts of milk in twenty-four hours will be prescribed, and our patients will scarcely need any more water than the little they may desire, which will hardly need to be ordered by the physician. But in directing a dietary in which milk forms only a portion of the daily food, the prescribing of a definite amount of water is as important as the prescribing of a definite amount of milk.

When the habit of constipation has existed for a long time, such a prescription of diet will not immediately correct it, but with the aid of other rational measures for the correction of the habit will sooner or later conquer it.

Sour or acid stomach is frequently complained of by the patient as a result of taking milk as a part of the dietary. This usually occurs in those who have a hyperacid stomach to begin with, and the acidity following immediately the taking of milk is usually simply the natural stomach acid, made apparent by the eructation which sometimes follows directly on filling the stomach with fluid. It is wise, then, to go carefully into the subject when the patient complains of acidity, to ascertain whether it is as just stated or is really indigestion. A glass or two of hot water usually is sufficiently corrective in this condition.

Indigestion, either real or imaginary, is often complained of when the use of milk is urged and nine times out of ten the patient will attribute such a feeling to the milk, for, as has already been stated, most patients expect milk to disagree with them. This feeling may be only the feeling of distension or load in the stomach immediately after taking the milk, not indigestion at all and in no wise a contraindication to the use of the milk. The stomach had not been accustomed to such a degree of distension as is now required of it and the result is a temporary feeling of fulness, often mistaken for indigestion.

When indigestion does occur, it is because of the inability of the stomach to secrete digestive ferments, such combinations of food materials as to induce fermentation, eating when over-tired or under strong emotion, in fact any of the causes that would provoke indigestion under any circumstances. I have observed one instance, curiously enough, in which the stomach fluid showed neither

hydrochloric acid nor peptonising ferments in which milk was evidently digested, probably passing into the intestine first, but fermentation was easily induced and often hard to overcome.

If for any reason milk seems specially indicated, it does not do to stop on the statement by the patient that the milk disagrees or does not digest. If indigestion occurs it will generally show itself in a diarrhea containing curds or cheesy masses, or the patient will vomit curds, not simply small white flecks, which is the normal condition of milk partially digested. In this shape nervous patients will often bring up a little, and think they have abundant evidence of indigestion. I have referred to diarrhea in connection with the indigestion mentioned. It does occur but very rarely, as most milk patients suffer with constipation.

Milk, if necessary, diluted with water will digest in the stomach if anything will, and if we find indigestion, search out the cause and remove it, be it fruit, improper amount of exercise, improper mode of eating or any other source of indigestion. Leave the stomach empty of milk for twenty-four hours, use freely of water, and try it again, and it will probably agree. If it is necessary for the patient to take any food while waiting for the milk ferment to be cleared from the stomach, raw eggs or the whites of raw eggs can be used. The stomach is a receptacle as well as a digestive organ and any receptacle for milk which becomes infected with the milk ferment must be kept empty of milk till, what with the washing with water and withholding the special food for the milk germ, they are cleared out from the stomach.

One or two cases will be sufficient to illustrate :

CASE I.—Mrs. H. L. W., 57 years of age, was brought to me June 11, 1894. She had good health till four years previous, when she had suffered a nervous shock, following a wound in the ankle produced by a pair of scissors falling on the limb. In spite of good medical advice the patient suffered from continuous loss of flesh, sleeplessness, loss of appetite, chronic constipation, distress in the stomach and the like, until when this history was taken, her weight had dropped from 155 lbs., her weight in health, to 86 lbs. Physical examination was negative so far as organic disease was concerned. Skin was very flaccid and flabby, as were all her other tissues. Urine was normal. Diagnosis was chronic nervous dyspepsia (neurasthenia gastrica), with catarrhal gastritis.

Treatment.—Tincture nux vomica, 5 drops three times a day and phosphate of soda, 10 grains, in a glass of hot water a half hour before each meal. Diet as follows: Breakfast, chopped steak, graham gem and two glasses of milk. 10.30 A. M., two glasses of milk and a raw egg. 12.30, dinner, roast beef or lamb, one gem or one slice of graham bread and two glasses of milk. 3.30 P. M., lunch, two glasses of milk and a raw egg. 5.30 P. M., one gluten roll, one dish of cracked

wheat or oatmeal and two glasses of milk. 9 P. M., two glasses of milk and a raw egg. When this régime was given her, she raised both hands in "holy horror" and said, "My goodness, doctor, I never can take milk; I never could take it when I was well. Why, in three days I will be so dizzy that I will be unable to turn my head on my pillow, to say nothing of sitting up." It is unnecessary to explain how she was induced to take the diet as recommended, but she did so with the most satisfactory results. Her dizzy head never came. Some aid was required for a time to secure evacuation of the bowels, but soon the diet righted this. She made an average gain in flesh of three pounds per week for twelve weeks, and when she left my care she weighed 147 lbs. Now, after four years, she is still well and weighs 152 lbs. and has been on a mixed diet for the past three and a half years or more.

CASE II.—Rev. H. T., brought to me July 29, 1897; aged 21 years; height, 6 feet 1 inch; weight, 119 lbs. Had a marked pigeon chest, nervous temperament; a hard student. His father was asthmatic, dyspeptic and pigeon-chested. He had always been underweight, and dyspeptic and constipated all through his college life. For two years had depended on enemata for moving his bowels. Suffered with extreme distension with gas, roaring in head, distress in back of neck and head, great weakness, also weakness of voice. Physical examination, negative, except a distended stomach. Blood, normal; urine, concentrated, but normal. Diagnosis, neurasthenia gastrica with gastrectasis.

Treatment.—Sodii phosphate, 10 grains, in a glass of hot water, three times a day. Diet: 2 glasses of milk and a raw egg six times a day, and also two or three times in the night, if awake. Other food being added after a week or so as he could bear it. He soon became hungry, a thing he had not known for months, and increased the milk beyond my prescription. Too many details would be wearisome, so that I will simply state that the result was an average gain of 5 lbs. per week for three months and with his gain in flesh all his distressing symptoms vanished. After he returned home he wrote me that many of his life-long friends did not recognise him. He now weighs about 185 lbs., is well and at work in Oakland, Cal

The first week or two while the patient is getting adjusted to this systematic diet often requires much attention on the part of the physician and frequently much persistent urging and encouraging the patient, so as to secure their continued coöperation. In closing I will say, it is most uncommon to find a patient who needs milk, who cannot take it in the quantity required by the system, provided a sufficient quantity of water also is taken.

I have rarely found any better results from peptonised milk, or milk with lime water added, than from plain milk, if required, given hot, and, if the tendency to the formation of large curds exists, diluted with one-half or one-third its volume of water. It also happens that when a small quantity of milk disagrees with the patient a large quantity will often agree, unless it is contraindicated by the condition of the patient's nutrition, in which case more water should

be given. Beware also of the patient who says, "I cannot take so much at first, but I will take a little, and work up gradually to the amount you direct." If such a course is allowed failure will result in nearly every case.

If a certain diet is prescribed it should be done with the same definiteness with which we prescribe our medicines and the same exact obedience should be expected of the patient as in regard to our medical prescriptions.

PSOAS ABSCESS IN WOMEN.[1]

By ELY VAN DE WARKER, M. D., Syracuse, N. Y.

THE classical idea of the psoas abscess is a pus accumulation, usually of spinal origin and confined to the sheath of the muscle and external to the peritoneum. The psoas abscess of women is almost without exception of pelvic origin and invades the aponeurosis of the muscle by extension in the direction of the least resistance, and like the classical form is always external to the peritoneum. It is a product of cellulitis and when it attains the level of the psoas is almost without exception a pus accumulation of great extent and serious import. In spite of the intolerance of the so-called pelvic surgeon of the possibility of pelvic cellulitis, the observing, scientific gynecologist is not only prepared to recognise its existence, but also to realise its serious character. There may be several points of origin within the pelvis. It may begin as a phlegmon of the broad ligament with extension to the iliac fossa, or as an extension from the fossa *de novo*, or from a recto-ischiatic abscess.

As a useful demonstration of the long duration of the cases and the enormous accumulation of pus that may result, as well as the difficulty of the diagnosis, I have one case that I would like to present in detail:

I was called by Dr. Dewitt, of Oswego, to see Mrs. B., married, aged 47 years, and never pregnant. The early history is unknown so far as explaining the condition as observed by me. Dr. Dewitt had charge of the case for two months, during which the conditions were unchanged. The examination showed a tumor filling the left iliac fossa, extending up to the ribs and reaching half way to the umbilicus toward the right. Palpation elicited an obscure fluctuation, equally diffused over the mass. Vaginal examination demonstrated that the mass extended downward into the pelvis on the left side, reaching to within half an inch of

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

the middle line in the posterior cul-de-sac. It was prolonged downward into the lateral vaginal wall, which was fixed to the bony wall of the pelvis. On bimanual palpation a distinct impact could be imparted to the vaginal tumor. Inspection of the vagina showed the rugæ obliterated with the surface smooth and shining. The left leg from the body to the foot was greatly swollen, measuring more than twice the circumference of the right leg. The thigh was half flexed upon the body and the leg upon the thigh. Any attempt to straighten the limb caused extreme pain as well as any effort to move in the bed. The patient made no complaint of abdominal pain or tenderness, all the pain being referred to the leg The general appearance of the patient was haggard and emaciated, appetite poor and sleep impossible except under opiates. The temperature, since coming under Dr. Dewitt's care, was rarely elevated above 100° and occasionally sub-normal in the morning. Urine gave a small amount of albumin and a few granular casts. Menstruation had ceased at the beginning of her illness, at the time of the examination, about eighteen months. The history, as given by the patient, threw but little light upon the case. She had had for several months, in the early part of the case, severe pain upon the left side of the pelvis, but with no enlargement that she was aware of or to which her attention was called by her physician. About a year previous to my visit the leg began to swell and became very tender and painful. She was treated then for inflammatory rheumatism. So far as her medical attendant knew, no diagnosis of pelvic disease had ever been made by the several physicians who had been in attendance. I stated in my opinion that the abdominal mass was of pelvic origin, that the swelling of the leg was due to obstruction of the venous circulation in the left pelvic hemisphere. As to the character of the contents I was unable to state. The history, so far as the absence of temperature and the prolonged history, appeared contrary to the theory of a pus content; with that explanation of her condition I feared malignancy. To clear up the obscure points I advised an exploratory incision. On this Dr. Dewitt concurred and in a few days I received notice to go to Oswego and operate. On September 12, 1895, I did the operation, assisted by Drs. Dewitt and Dowde.

The mass was explored through a short incision in the middle line. The mass was confined by a thin membrane to the left iliac fossa and the left abdominal cavity. The thin membrane was the peritoneum, which was reflected centrally half way to the umbilicus, carrying the colon and its mass to the right to an equal extent. It was evident that the accumulation was extraperitoneal and that no part of the peritoneal cavity could be brought to the middle line for a safe opening. An incision was made on a line perpendicular to the left anterior superior spine of the ileum. A large amount of pus, yellow and odorless, escaped and a drainage tube inserted. The escape of pus was enormous for many days. The patient gradually sank from exhaustion and died in about two weeks.

Upon this case I would like the privilege of making a few comments concerning the nature of these cases. They define a distinct group, and one peculiar to women. The psoas abscess of the general surgeon originates from a psoitis, or by implication from the vertebra, while in women we may say that, excluding caries of the vertebra, it never originates within the sheath of the

muscle, but by extension from the intrapelvic cellular spaces. It is the product of pelvic cellulitis, pure and simple.

It is interesting to inquire why the psoas form of abscess may result, not from an extension of the cellulitis, but from the extension of a pelvic pus accumulation along lines of the least resistance. How this may occur is well shown in the experiments of König. He made injections beneath the peritoneum near the ovary. The fluid made its way along the psoas and iliacus muscles and diffused itself into that side of the pelvis; injected into the lateral (broad) ligament, close to the upper and anterior part of the cervix, it traversed the side of the pelvis, passed along the round ligament toward Poupart's ligament and thence into the iliac fossa; injected into the broad ligament, near the upper part of the cervix, but posterior to it, it filled the cellular spaces of the posterior and lateral part of the pelvis and thence passed along the psoas and iliac muscles. This demonstrates the continuity of the various areas of subperitoneal cellular tissue and also the manner in which a pelvic abscess becomes a psoas collection of pus.

The diagnosis of the condition is difficult. The collection is so deeply seated that fluctuation is difficult to detect. Temperature as an indication of pus may fail to be present. There are three conditions which, when present, clearly point out the fact that psoas and iliac regions are affected. These are edema of the leg, retraction of the thigh of the affected side, and extension downward of the cellular infiltration into the vaginal wall. Edema of the leg is an anatomical symptom of value. It has never, within my observation, been a phlebitis, but is due to pressure upon the venous system of the pelvis, which may be associated with a pus collection in the iliac fossa, but usually implies an implication of the iliac and psoas muscles.

Another condition very systematic is retraction of the thigh of the side involved. There are very evident anatomical reasons why retraction of the thigh is such an unmixed symptom of the pelvic cellulitis, with or without concurrent inflammation of the pelvic peritoneum. I have already referred to the direct route and interdependence between all the extensive spaces of the subperitoneal cellular tissue. Passing through these areas are the two important members of the machinery of locomotion. The psoas and iliacus muscles with their widely radiated origin are intimately connected with this great expansion of subperitoneal cellular tissue. The peritoneum over the anterior surface of the iliacus is practically the

covering of the cellular phlegmon of the iliac fossa. The upper reaches of the psoas are not so directly exposed to the invasion of the cellular inflammation, but in the horizontal position, in which most of these cases are, pus may escape upward in the line of the least resistance. This is the mechanism of retraction of the leg, a symptom I have never seen attending pelvic peritonitis, unless associated with intercurrent cellulitis.

The last physical condition to which I will call your attention is not so much an indication of the invasion of the psoas muscle as a positive and unfailing sign that we have a pelvic cellulitis to deal with. This is an extension into the cellular tissue of the vaginal wall of the cellulitis of the pelvis, generally by the route of the broad ligament. This can be detected in vaginal exploration as a solid mass between the finger and the lateral pelvic wall, and can be traced upward and lost in the vaginal roof in the lateral fornix. A spur from this vaginal cellulitis sometimes extends partially across the vaginal wall posterior to the vaginal portion of the cervix, but not blending with the uterine wall in the posterior cul-de-sac. This extension into the recto-vaginal septum can be caught up with the index finger in the rectum and the thumb in the vagina, demonstrating absolutely that it is a cellular tissue exudate. Now this is a cellulitis pure and simple; there is no peritoneum or no visceral content here to render the certainty of this demonstration doubtful. It is never a primary condition, but is always secondary to cellulitis of the broad ligament or iliac fossa. It is so easy of detection and verification that the most surprising thing about it is that it has been so long overlooked. I first described and figured it in the Transactions of the American Gynecological Society for 1895. It may also be found described and illustrated in the Transactions of the New York State Medical Association for 1897 and in the BUFFALO MEDICAL JOURNAL for 1895.

The treatment is surgical and represents the best and latest form of intrapelvic surgery. A few years ago, when median abdominal celiotomy was so unreasonably and unscientifically in the ascendant, this condition was attacked in a most dangerous and inefficient manner. The pus accumulation was opened and drained from above, a direction in which it was impossible to shut off the abdominal cavity or efficiently drain the pus accumulation. It may be necessary to open the abdominal cavity in order to be certain of our bearings, but the opening of the abscess cavity and efficient drainage must be made in the direction of its greatest accessibility

and the natural gravitation of its contents. Oftentimes these abscesses point above Poupart's ligament, especially when the fossa as well as the psoas is involved and the natural tendency to open at this point may be taken advantage of, but usually drainage is very tedious and a counter-opening through the vagina is necessary in order to save the patient. The vaginal route is the natural one and any abscess in this region may be opened from this direction. Anteriorly or posteriorly makes but little difference, but I think the anterior cul-de-sac offers some facilities in reaching the fossa that the posterior route does not possess. It is usually necessary to insert drainage. This must never be gauze, for gauze never drains, but it must be a tube, either glass or rubber. A point to bear in mind is the important and practical one—namely, that a patient may go months with such a pus accumulation we have described, possibly with no temperature at all, as in our case, but as soon as the abscess is opened, a serious rise of temperature may occur in from three or four days to a week. A tube allows thorough irrigation of the cavity. I think this was the reason that my case terminated fatally, as irrigation was delayed a little too long. At the same time air must be carefully excluded, as I am satisfied that oxygenation can revitalise sterile pus, or air in contact with the products of the germ renders the ptomaines active. This is my explanation, but it is a clinical fact, no matter how explained, and the only remedy I know of is efficient and thorough irrigation and for which I use sterile water.

404 FAYETTE PARK.

DISCUSSION.

DR. N. JACOBSON, Syracuse: The case presented is one of great interest to me: first, because of the diagnosis; and, secondly, as to its treatment. Psoas abscess is frequently encountered and we meet it in both sexes and at all ages. The pus collections are seen early in life, when the possibility of its origin, being a cellulitis, cannot be suggested. I must confess that I am not quite convinced that the author of the paper under discussion has properly made his case. I am inclined to view the case rather as one of the many forms in which we encounter pelvic abscess in women and in which neither the psoas nor the iliacus are in any way (at least primarily) involved.

It seems to me that there can be no question as to what we are to include under the designation "psoas abscess." This form of suppurative inflammation, I take it, must in its incipiency and from its very beginning be directly associated with the psoas muscle, either at its origin in the spinal column, or in the investing sheath, or in some other way affecting the muscle or its immediate attachments.

Because a suppurative inflammation has been permitted to exist for a period of time sufficiently long to extend to and secondarily involve the surrounding

structures, and amongst them the muscles mentioned, I, for one, cannot conceive that from a pathologic standpoint we can assign to the secondary implication the important place of designating it the primary disease. In my experience it is not an unusual thing, but rather a condition frequently encountered, to meet with pus collections of the nature described, and we have ordinarily found that in their origin they are connected with the tubes or ovaries.

These cases do not usually require abdominal incision, nor do they in the large percentage of cases demand more than vaginal puncture. Taken at a period sufficiently early, this line of procedure is all that is required in most cases. A second operation may be required for the radical removal of the pus sac.

However, while this matter is up, it seems to me that we should lay stress upon the fact that psoas abscess is not the incurable and hopeless condition it was formerly supposed to be. Radically treated, the results should be as good as in most of the other forms of surgical tuberculosis. Some fifteen years ago Treves first undertook his operation for the radical cure of psoas abscess. I have a number of times performed the operation which he describes and feel confident that by either this procedure or by one of the other methods since devised the source of trouble can be reached, whether it be located in one of the bellies of the muscle or at their spinal attachments.

Another thought in the case presented is one that should be emphasised because of its practical importance. Too much stress is laid upon the coëxistence of fever and pus. We frequently meet (and particularly where the pus is locked up in the abdomen) conditions in which there is practically no rise of temperature. I am reminded of one case of psoas abscess in which there was a definite tumor on the left side, in a male, who had not been complaining of localised pain in the region of the tumor, but rather of pain in his right shoulder. At this time he had a temperature of 105°. Under the administration of salicylate of soda, the temperature practically fell to normal, but the man's general condition grew steadily worse. The evidence of pus absorption was manifested in this depressed general condition. At first he refused operation, but finally consenting we opened up the abscess cavity freely. A quart of pus was evacuated, and after two or three months of vigorous treatment he made a complete recovery.

DR. ELY VAN DE WARKER, Syracuse: Of course, you will recall to mind that I included the psoas abscess due to cellulitis, not as primary abscess of the psoas, but by secondary implication in the line of the least resistance, and having the psoas involved it was a psoas abscess, notwithstanding it was secondary to the primary condition. It deserved that classification, consequently, for that reason furnishing a distinct group of the psoas abscess and one peculiar to women.

BACILLI IN THE THROAT.—Hand, of Philadelphia, recommends the solution of nitrate of silver in the strength of 60 grains to the ounce of water to rid the throat of bacilli after the disappearance of diphtheritic membrane. Often after the throat is entirely clear and the patient apparently well, examination shows that bacilli are still present. In such cases quarantine must still be observed. Hand reports very good results from this method, the bacilli usually disappearing within a very few days. The solution should not be used until the membrane has disappeared.—*Cleveland Jour. of Med.*

THE USE OF NOSOPHEN AND ANTINOSIN IN PURULENT DISEASE OF THE MIDDLE EAR.[1]

By FREDERICK H. MILLENER, M. D., Buffalo, N. Y.

WITHIN the last few months, after having suffered much disappointment incident upon the unsuccessful treatment of otitis media purulenta, I was induced to try the use of nosophen, and its sodium salt antinosin, a new antiseptic. These substances were first described by Loeb and Classen. Nosophen consists of a very light yellowish-grey, odorless, tasteless powder containing 61 7-10 per cent. of iodine in combination. It does not readily decompose and may be heated to 220° centigrade. It is insoluble in water and acids, slightly soluble in alcohol, glacial acetic acid, ether and chloroform, but readily soluble in alkalies, with the last of which it forms salts, from which it is freed at low temperature by carbon-dioxide. By virtue of its hydroxyl groups, nosophen is an acid readily soluble in alkalies with the replacement of the H. atoms of both hydroxyl groups by a metal. The sodium salt thus originated is readily isolated and is known as antinosin, a sodium salt of tetra-iodo-phenol-phtalien. It is a dark blue amorphous powder which is readily soluble in water and alcohol. Contrary to nosophen it is changed by continued exposure to the carbonic acid gas of the air, thereby being transformed into nosophen and carbonate of soda. It is odorless or nearly so, nontoxic and nonirritant.

These two preparations, nosophen and antinosin, according to Doctors Loeb and Lieven, are in direct opposition to those iodine compounds which readily liberate iodine. The atoms of iodine are so firmly combined that liberation of iodine is excluded. Nosophen can be boiled for hours in caustic soda, and this property is of great importance, since it explains the nontoxic action of nosophen and its salts within the organism.

Unlike iodoform, which acts by virtue of its decomposition within the body itself, with the liberation of free iodine, nosophen and antinosin liberate no iodine. On the contrary nosophen manifests its action as a nondecomposed molecule. The researches of Lieven, Seifert, Binz and Zuntz on both man and animals show that nosophen or antinosin when introduced into the organism by absorption, subcutaneously or otherwise, reappears as nosophen in the excreta. If the toxic phenomena which are known as iodin

1. Read before the Buffalo Academy of Medicine June 7, 1898.

intoxications are referable to the liberation of iodine, then nosophen and antinosin must be nontoxic.

Nosophen and antinosin have been administered to dogs without giving rise to the least untoward symptoms. The passage of the drug through the digestive tract causes no irritation, no trace of free iodine is found in the urine; they are therefore nontoxic. The possible media through which the antiseptic properties of nosophen and antinosin are exerted are the iodo-phenol-phtalien albuminate, *i. e.*, soluble iodine compounds.

The mode of procedure and the effect of these new drugs is well illustrated in the following cases:

CASE I.—M. L., a girl of 15. Since scarlet fever, at the age of 8, a purulent discharge from both ears has been more or less constant. First syringing the ears with water as warm as she could bear, as much antinosine solution (strength 2½ per cent.) as would fill the ears was dropped in and allowed to remain five minutes. This was done twice a day for three days. On the fourth day the discharge was much lessened, but a severe cold was then unfortunately contracted and as a result an increase in the discharge took place. A 3 per cent. solution was then used, and after removal of the same, nosophen was applied as a powder by means of a powder blower, merely covering the mucous membrane and tympanum, not packing or plugging the external auditory canal in any way. On instilling the 3 per cent. solution the patient complained of a dizziness which continued for several minutes. This treatment, regularly carried out every other day for fourteen days, caused the cessation of the discharge and now, nearly a year later, there has been no recurrence. In addition, I may add, the nasopharynx was regularly washed out with an alkaline wash and kept free from any accumulation of mucus.

CASE II.—M. E., 18 years of age. Seen August 6, 1897. Discharge from both ears for thirteen years, which had been treated with innumerable drugs, but with little success. Hearing distance, right ear, ten to thirty feet. Hearing distance, left ear, twelve to thirty feet.

Before commencing treatment I removed a portion of the hypertrophied inferior turbinated bone on each side, after which potassium permanganate solution was given her to be used as directed, but with little result. Antinosin and nosophen were then used in the manner above described, with the result that in fourteen days the discharge ceased and as yet has not returned.

CASE III.—J. B., child, aged 7. Purulent discharge since scarlet fever, two years ago. Large eczematous excoriations upon the tragus, antitragus and lobes of the ear. Treated with yellow oxide of mercury and antinosin and nosophen used as before. At the end of three weeks the discharge ceased, but the treatment was ordered continued one week longer. No recurrence.

CASE V.—A. G., girl, aged 10. History of la grippe. Examination revealed presence of adenoid vegetations and enlarged tonsils; also a profuse discharge

from the ear. Upon the removal of these growths the usual treatment followed. The child's hearing at once improved. No recurrence of the discharge.

The duration of treatment with permanganate of potash depended largely upon the frequency with which it was used. If used regularly the discharge would stop only to continue again when the remedy was discontinued. Occasionally an ear would cease discharging and as far as I know not commence again, but this was the exception and not the rule.

Nosophen and antinosin have now been used by me in thirty-six cases. Twenty-six of these were acute otitis media purulenta and had adenoid vegetations and they made a rapid recovery in twenty to thirty days; sixteen were chronic otitis media purulenta and several of these had growths in the throat or vault of the pharynx (adenoid vegetations) and enlarged tonsils, which were removed. This is mentioned because I wish to point out the importance of removing these growths if present, as no amount of medicine will permanently cure an ear which is discharging from these causes. Five of the thirty-six were very much improved, and I consider one of the reasons the results in these cases are not better is because they did not follow the directions carefully. Five I have been unable to hear from, owing to their having given wrong addresses.

In cases where the discharge is due to granulation tissue forming or to caries of the ossicles, the diseased portions of the bone must be removed (and if due to granulation tissue, that also must be removed before the medicine is applied). In cases of acute otitis media purulenta, whether due to adenoid vegetations or as a sequela of the infectious fevers, I find the best results are obtained by the use of the 3 per cent. solution.

The drugs which had been most in favor with me previous to the use of nosophen and antinosin, were permanganate of potassium, boracic acid, sulphate of zinc, corrosive sublimate, tannic acid, peroxide of hydrogen and others, but the remedies from which the best results were secured were nosophen and antinosin. They invariably followed the use of the former drugs with more or less happy results. Dr. E. P. Gleason, of Philadelphia, states that when nosophen is properly applied, after a thorough cleansing with antinosin, it is capable of acting as a sedative antiseptic powder to a marked degree. I have noticed that it possesses one disagreeable action, which is, that after using a 3 per cent. solution, the patient is affected by a marked dizziness, and this dizziness is due to the antinosin and not to the fact that it is a fluid put in the

ear with too much force, for it matters not how gently you inject it the dizziness occurs. This need not alarm the physician as the symptom is quickly over and the patient rapidly improves.

I do not wish to be understood that this is an exclusive remedy for all discharges from the middle ear, but simply to state that in my opinion it has demonstrated its superiority over other drugs in general use for this condition, if properly used.

5 NORTH PEARL STREET.

INJURIES TO THE URINARY ORGANS.[1]

BY J. HENRY DOWD, M. D., Buffalo, N. Y.
Genito-urinary surgeon to the Buffalo Hospital of the Sisters of Charity, etc., etc.

WOUNDS of the kidneys, ureters and bladder are occasionally complications of railroad injuries and especially of the kind where compression of the abdomen and pelvis follow squeezing between buffers or freight cars.

Statistics tell us that injuries to the kidney are less common than those of the liver, all things being equal. Ehler's table of 152 cases gives subcutaneous, 90; gunshot, 50, and incised, 12. This shows that the first occurs almost twice as frequently as the open variety. The most common cause of injury is falling from a height. Other causes are blows, kicks, crushing by wheels passing over the abdomen, and falling against some stationary object. The cortex is always involved, the lesion extending in some cases to the medullary portion, causing only subcapsular hemorrhage or complete rupture of the organ. At times the lesion is as though from an incised wound, at others it is irregular or pulpy.

The peritoneum covering the kidney is rarely torn in the adult. As a general thing hemorrhage is present and it may confine itself to the substance of the kidney, the fatty covering, or break through this and extend far and wide, separating muscles and fascia, even finding its way into the peritoneal cavity.

Symptoms.—Of these, shock is the most pronounced. This may vary in degree from very slight to the most profound, and right here it may be well to state that shock from injuries of the kidneys and bladder is more pronounced than from wounds of any other of the internal organs. The facial expression, pulse and other indications

1. Read at the fifth annual meeting of the Western New York & Pennsylvania Railway Surgeons, at Titusville, Pa., November 10, 1898.

will correspond to the amount of shock present and also the hemorrhage. Pain is always present and unless masked by other injuries more severe, will be located in the affected side, possibly radiating along the course of the ureter and extending into the testicle. When the latter is very severe it is generally due to clots passing through the ureter. Hematuria is a constant symptom and by the amount it is safe to judge of the severity of the lesion. When the ureter has been ruptured the blood and urine may find its way into the abdominal cavity. Urine is diminished, and at times complete suppression takes place, but after a few days the normal quantity is reached. More or less ecchymosis is present and a prominent authority says, "the appearance of this at or near the external abdominal ring is positive evidence of kidney lesion." Infection can pass upward from the bladder and cause suppuration with symptoms accompanying such conditions.

Treatment.—In this, one should be prepared to combat shock, check hemorrhage or cut down and remove the injured organ at once. To fulfill these requirements rare surgical judgment is necessary. As a routine measure rest in bed, hot bottles, anodynes, sedatives and strychnine are indicated. If there is much hemorrhage no drugs are better than the free use of ergot and hamamelis. Preference should be given to a tight bandage (the injured side being padded) rather than ice packs. Vomiting must be controlled, as it facilitates bleeding.

Food should be limited in quantity and the bowels moved by enemata about every third day. It is well to put the urine in the most antiseptic condition possible, so as to avoid any possibility of infection. Guaiacol, in three to five drop doses three times a day, prevents the formation of bacteria. The most important question is, when shall we operate? Should the hemorrhage steadily increase and the patient become rapidly exsanguinated, with sighing respiration, small rapid pulse, great restlessness or large swelling rapidly form in the loin, something more heroic must be done at once.

The kidney should be cut down upon, and now only the operator can be the judge whether a rent or bleeding vessel can be secured, or if the organ should be removed. At times the bladder will fill with blood clots which will cause much discomfort, produce straining and facilitate cystitis. As it is impossible to withdraw these by the aid of a catheter, perineal section is advisable. It is positively without danger and may save the patient's life by preventing

cystitis and pyelonephritis. The thermometer must be used faithfully, as this may be our first inkling of inflammatory trouble.

Injuries to the ureters generally occur at the time of operation on the uterus, but sixteen cases are reported where injury has taken place from other causes. How these small movable tubes are injured by external violence is a question yet unanswered, but it is supposed to be from the forcible pulling of the kidney or by its being pressed against the first lumbar vertebra. Early diagnosis is impossible and, except the injury be found while operating on the kidney, the only positive symptom is the appearance of a swelling, due to an accumulation of urine which leaks from the rupture. This may occur at any time from seven to thirty days after the injury. Occasionally a small amount of blood is found in the urine. There has never been an early operation reported for injured ureter, except where it occurred at the time of operation, or was found after exposing the kidney. Where such a swelling develops aspiration is necessary and should a urinary fistula result it will be necessary to cut down and close it, or, if impossible, form a new canal.

The bladder being protected as it is by the bony walls of the pelvis and in front by very elastic muscles insures its almost perfect safety from direct injury, although this at times does occur. Furthermore, the bladder when empty offers such slight resistance to external violence that it is rarely if ever injured in this condition.

Lesions may be classed under three heads: Intraperitoneal, extraperitoneal and subperitoneal. In the intraperitoneal variety it is found that the rupture usually occurs at the upper and posterior portion, *i. e.*, where the viscus when distended comes in contact with the sacral angle. In the extraperitoneal variety the rupture is usually in front, *i. e.*, that portion exposed and partially behind the pubes. The cause of injury may well be spoken of under two conditions—namely, external and internal violence. It will only be necessary here to mention those of the second class, over-distension from whatever cause being the most prominent; straining, lifting, and the like being others.

A predisposing cause is generally present in the shape of ulceration, saculation or atony of the walls, and these secondary to some obstruction, let it be stricture or enlarged prostate.

The second or especially interesting cause to this body is some external violence applied over the bladder, such as crushing of the pelvis, kicks, sudden falls from a height, or the kneeling npon the abdomen by another. The bladder has been ruptured during child-

birth, but the careful obstetrician will always see that it is empty at this time. A case has been reported of rupture during anesthesia, preparatory to operation for retention.

Symptoms.—The patient is liable to fall and cannot get up, complaining at the same time that he or she felt something give away inside, from which relief was experienced. Great prostration rapidly ensues, the face becomes blanched, nose pinched and pulse very rapid. Great pain is complained of over the lower abdomen, and a constant desire to urinate, with only a few drops of bloody urine escaping. A catheter if passed now will only bring forth a few drops of the same fluid. At times the extravisation of the urine is very marked, burrowing between muscles and fascia in all directions, and when intraperitoneal, is quickly followed by peritonitis. The fact should be remembered that in cases of injury to the pelvis or other parts, and again at times owing to the peculiar actions of these wounds, symptoms indicating rupture may be entirely wanting. It is, therefore, very important that a person in whom rupture or injury is suspected, be confined to bed and watched closely, for at any time the symptoms in all their fury may break forth. Outside of direct violence, such as received in a railroad or other accident, most cases of rupture of the bladder occur while the patient is intoxicated, the viscus being distended, owing to the diuretic action of alcoholic beverages. A careful history from patient or friends will aid greatly in forming a diagnosis.

Treatment.—Rupture of the bladder is a grave condition to deal with. Of the 315 cases collected there were but fifty-two recoveries. Of these fifty-two cases, forty-two were extraperitoneal. The question of extra- or intraperitoneal tear is often impossible of differentiation; therefore, if we can expect to give the patient any hope, the opportunity should not be lost in temporising. Localisation of the rent plays an important part. In all cases it is expedient to at once make a perineal section. We may now be positive of one thing—there will be no further extravisation of urine, and it is more than probable that we may through the perineal wound find the tear in the bladder, and thus form an opinion at once as to whether it is of intra- or extraperitoneal character. If this fails us the next step should be an incision through the abdominal wall down to the peritoneum. If urine is found we may be pretty sure that we are dealing with an extraperitoneal tear and that the contents of the bladder is escaping below the anterior fold of the membrane. It may be of great advantage if the peritoneum is gently lifted from the anterior wall of

the bladder, as now urine may be found oozing up from the cellular tissue, which fills the space of Retz, this positively indicating the tear to be extraperitoneal. If no urine appears the perineum should be opened at once, the rent sought for, and when found closed tightly, the peritoneal cavity being thoroughly flushed with distilled water. It will be unnecessary to describe the technique of an operation of this description further than to say, that we should deal with these tears similar to those of the intestines, only do not let the sutures pass through the mucous membrane, so as to enter the cavity of the bladder.

In all cases a tube should be left in the bladder for at least a week, the distal end being immersed in a jar containing formaldehyde solution, which should be changed every four hours. In this way we may be able to judge as to the amount of urine passing, also as to the degree of hemorrhage.

223 FRANKLIN STREET.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

BY WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Medical Officers of the Civil War—Women Physicians—History of Homeopathy—Individual Members of the Profession.

[*Continued from the November edition.*]

PROVIDENCE RETREAT.

THE Providence Retreat is a private institution for the care and treatment of the insane, conducted by the Sisters of Charity. It was opened July 15, 1861, on North Main street, near Humboldt Parkway, and now has capacity for 175 patients. Its grounds are ample and its lawns beautiful and well kept. Dr. William Ring was the first attending physician, and the medical staff is now made up as follows: Physician in charge, Harry A. Wood; assistant physician, John J. Twohey; consulting physicians, Conrad Diehl, Thomas Lothrop, E. C. W. O'Brien, James W. Putnam, Ernest Wende; consulting surgeon, Herman Mynter; consulting gynecologist, Henry D. Ingraham; consulting oculist, Alvin A. Hubbell.

Erie County Hospital.

The law regarding state care of the insane that took effect in 1893 left vacant the commodious and substantial structure that had been used by the county as an insane hospital. Recognising the desirability as well as the economy of using this building as a hospital for the county sick, a number of physicians under the leadership of Dr. John H. Pryor, of Buffalo, brought this subject to the notice of the board of supervisors. After considerable debate and delay the Erie County Hospital was finally established and a visiting and consulting staff appointed. It was organised January 1, 1894, and is situated on North Main street, near the city line. The capacity

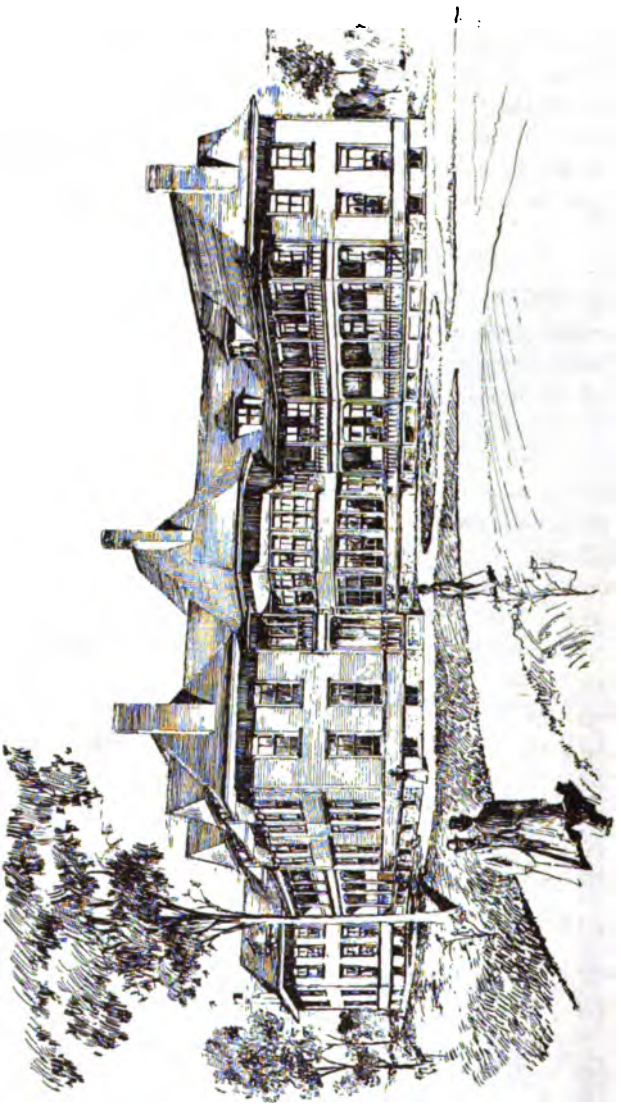
PROVIDENCE RETREAT.

of the hospital is about 400 beds and its average population, 350 patients. A consumption hospital annex has been constructed with a capacity for eighty patients. This building is separated from the main structure, and the theory that consumption is an infectious disease pervades the entire principles of its conduct.

The Erie County Hospital has a training school for nurses, of which Miss Sarah Bond Lowe was the first superintendent. She was assisted by five graduate nurses, each ward being placed under the supervision of one of these. The hospital staff at the present writing is made up as follows: Consulting physicians, Charles G. Stockton, A. T. Bull; consulting surgeons, Roswell Park, H. C. Frost, Marcel Hartwig, Wm. C. Phelps; consulting genito-urinary surgeon, De Villo W. Harrington; consulting gynecologists, Mathew D. Mann, Geo. T. Moseley; attending physicians, H. C. Buswell, De Lancey Rochester, Geo. A. Himmelsbach, Harry A. Wood, C. S. Jewett,

ERIE COUNTY HOSPITAL.

Truman J. Martin; attending surgeons, Edward J. Meyer, Eugene A. Smith, Herbert Mickle, John Parmenter; attending gynecologists,



CONSUMPTION ANNEX—ERIE COUNTY HOSPITAL.

Dewitt H. Wilcox, H. D. Ingraham, M. A. Crockett; attending obstetricians, E. L. Frost, Lawrence J. Hanley; attending ophthalmologists, A. A. Hubbell, Elmer Starr, A. S. Bennett, F. Park

Lewis; attending laryngologists, W. Scott Renner, H. J. Mulford; attending dermatologists, Grover W. Wende, Alfred Diehl; attending neurologists, Floyd S. Crego, James W. Putnam, Wm. C. Krauss; orthopedic surgeon, Bernard Bartow; genito-urinary surgeons, Byron H. Daggett, W. D. Greene, W. H. Heath; pediatrists, Maud J. Frye, W. E. Robbins, of Hamburg, N. Y.; attending pathologists, Herbert U. Williams, Earl P. Lothrop; assistants, A. E. Woehnert, in medicine; J. A. Gibson, in nervous diseases; Nelson Russell, in pathology; Jacob Meyer, in surgery; Herman C. Matzinger, in medicine; Wm. More Decker, in medicine.

Buffalo Woman's Hospital.

This hospital was established by Dr. Thomas Lothrop in May, 1886, to receive and care for women, married or single, during childbirth, or while suffering from diseases peculiar to their sex. It was first located at the corner of Seventh and Maryland streets, but in May, 1891, it was removed to its present situation, 191 Georgia street, corner of Seventh, where it occupies a large and well-appointed building that has been remodeled to meet the requirements of such an institution. It receives a limited number of worthy indigent women suffering from curable diseases free of expense, provided they are known to be unable to pay for their board and treatment. There is also a free dispensary maintained in connection with the hospital. The private rooms are suitably furnished and supplied with all the comforts consistent with modern surgical cleanliness.

The pupils of Niagara University Medical College received their obstetric training in this hospital. Dr. Thomas Lothrop is physician-in-chief, and Dr. C. C. Frederick is surgeon-in-chief. The consulting staff attached to the service is composed as follows: Herman Mynter, R. L. Banta, H. C. Buswell, William Warren Potter, Herbert Mickle, Eugene A. Smith and Walter D. Greene.

Saint Mary's Infant Asylum and Maternity Hospital.

This institution is located at 126 Edward street, Buffalo, near Delaware avenue, and is under the charge of the Sisters of Charity, the chief of whom is Sister Maria, Superior. Under the original charter there were two institutions. A widows' asylum was organised January 12, 1852, and St. Mary's Lying-in Hospital was chartered October 25, 1855. Two cottages were opened June 15, 1854, with accommodations for fifteen inmates. The buildings are now large and commodious structures with all modern improvements. The two

institutions were consolidated October 18, 1897, under the official name given at the head of this section.

Dr. James P. White was the first attending physician with Sister Rosalie in charge, assisted by two other Sisters of Charity. After Dr. White's period of service terminated, Dr. James S. Smith took his place, and he in turn was followed by his son, Dr. Eugene A. Smith.

BUFFALO WOMAN'S HOSPITAL.

The two Doctors Smith still render medical service at the hospital, which has accommodations for nearly 200 patients.

Dr. Thomas Lothrop is consulting physician and Drs. H. D. Ingraham, C. C. Frederick, William K. O'Callahan and Earl P. Lothrop render further professional services when such are needed.

St. Francis Asylum.

This institution was established December 18, 1861, and is located at 337 Pine street. The founder, Mother M. Francis Bach-

man with the Sisters of the Franciscan Order came from Philadelphia, where they had established a similar asylum. It has for its object the care of the aged poor of both sexes regardless of nationality or religious denomination. The average number of inmates from 1863 to 1867 was nineteen; during the past ten years the average has been 245. At present there are about 300 inmates in the institution and the number of sisters in attendance is thirty-two. The total number of Franciscan Sisters is 170, who are engaged in the various institutions of the order located throughout the country. Formerly Drs. Edward Storck and Conrad Diehl were attending physicians; now Drs. Thomas Lothrop, J. D. Flagg, William C. Krauss and A. E. Persons constitute the attending staff.

Buffalo Children's Hospital.

This hospital was established in September, 1892, through the generosity of Mrs. Gibson T. Williams and Miss Martha T. Williams, who purchased the property at 219 Bryant street, and after refitting it, offered it rent free to the board of managers, which is composed of a group of philanthropic women. The hospital has accommodations for about fifty-two patients. The following is the present list of officers: President, Mrs. Lester Wheeler; first vice-president, Mrs. George H. Lewis; second vice-president, Mrs. William Hamlin; purveyors, Mrs. Henry Watson, Mrs. Bainbridge Folwell; treasurer, Miss Martha T. Williams; secretary, Mrs. Bernard Bartow; executive committee, Mrs. E. B. Alward, Mrs. George Truscott, Mrs. S. S. Spaulding, Mrs. Henry Bull, Mrs. Nathaniel Rochester, Mrs. John L. Williams, Mrs. Dexter P. Rumsey, Mrs. Charles Pardee, Mrs. Edwin Bell, Mrs. George Parkhurst, Mrs. Edmund P. Fish, Mrs. Joseph Hunsicker, Mrs. Charles B. Wheeler; advisory committee, Sherman S. Rogers, Henry W. Sprague, G. L. Williams, C. Sidney Shepard, Bernard Bartow, John Parmenter. Medical staff, Bernard Bartow, orthopedic surgeon; John Parmenter, attending surgeon; H. Y. Grant, ophthalmic and aural surgeon; Charles S. Jones, Dewitt H. Sherman, attending physicians; W. Scott Renner, laryngologist; Loren H. Staples, assistant surgeon; H. G. Matzinger, pathologist.

It has a training school for nurses, in which the course is two years, and there are nine nurses at present on duty. Miss Olivia Moore is the superintendent of the hospital.

German Deaconess's Home and Hospital.

One of the latest hospitals to be organised in this city is the German Deaconess's Home and Hospital, situated on Kingsley street, near Humboldt Parkway. About four years ago the establishment of this hospital was suggested and a number of private meetings were held to consider its feasibility. After careful deliberation it was decided to call a public meeting, which was held February 26, 1895, in St. Paul's German U. E. Church, Ellicott street, at which plans were presented to the assemblage. The interest manifested was such as to justify the organisation of a society whose object is to further the interest of the work, and it is known as the Deaconess's Association of Buffalo. The association rented a building on Goodrich street, October 23, 1895, and the first patient was admitted Novem-

THE GERMAN DEACONESS'S HOME.

ber 14, 1895. In the spring of 1896 the erection of a new and commodious building was taken into consideration. Plans were adopted, a site secured, and the construction of the building was commenced. It was dedicated November 21, 1896, and is now in full operation.

The building consists of three distinct divisions: The central or main division is intended as a home for deaconesses and working women, the east wing will be used for hospital patients, and the west wing will be occupied as a home for aged men and women. Each division will accommodate forty inmates. The hospital is admirably arranged and consists of a basement, a kindergarten or crêche, a polyclinic room, apothecary's room, and an office. On the first floor are two wards for men and a small children's ward, five private rooms, a day room and a diet kitchen. On the second floor is an operating room connected with a medicine room and a preparing room. There are also two wards, five private rooms, a day room and a diet

kitchen for women patients; on the third floor are eight rooms to be fitted up when occasion demands.

The success of the enterprise is due largely to the persistent efforts of the Rev. Carl Schild, who has been chosen president of the board of directors. The generosity of J. F. Schoelkopff, Esq., who gave $5,000, should be mentioned, while the medical department owes much to the activity and thoughtfulness of Dr. E. A. Smith.

The management of the house is under the general supervision of a sister superior, Miss Tobschall, known to the inmates as Sister Ida. Miss Mary Barth, a graduate nurse, has been engaged as superintendent of the hospital department, and Miss Eliza Loy is to have charge of the home for the aged. The medical staff of the hospital is made up as follows: Consulting physicians, Conrad Diehl, Louis Schade, Charles Wetzel; attending physicians, De Lancey Rochester, William Gärtner; attending surgeons, Herman Mynter, Roswell Park, E. A. Smith; gynecologist, M. D. Mann; ophthalmologist, Edmond Blaauw; laryngologist, W. Scott Renner; dermatologist, Alfred E. Diehl; diseases of children, Irving M. Snow; neurologists, James W. Putnam, William C. Krauss; pathologists, H. U. Williams, Earl P. Lothrop; obstetrician, H. G. Bentz; resident physician, Frederick A. Mendein.

Riverside Hospital.

The Riverside Hospital of Buffalo was founded by Dr. Lillian Craig Randall in 1892. It was first opened at 2393 Niagara street, near the river bank, and at that time consisted of two rooms, containing three beds. Within a year the need for more commodious quarters became imperative and it was removed to Breckenridge street. After an interval of eighteen months it again became necessary to find more room and the institution was removed to its present location, 306-308 Lafayette avenue, where it now carries over thirty beds.

The primary object in view in starting the hospital and the feature which has contributed so largely to its success, was to provide an institution where patients could have hospital advantages and at the same time remain absolutely under the control of the family physician. The greater part of the work done is surgical, though all kinds of cases are taken, except contagious diseases and insane.

In connection with the hospital is a training school for nurses, the course covering two years and consisting of regular lectures in addition to their clinical instruction. Six nurses have been

graduated, five of whom now hold superintendencies of hospitals. The following staff of well-known physicians is connected with the institution: Physician in charge, Lillian Craig Randall; attending physicians, John Parmenter, Henry D. Ingraham, John C. Thompson, Julius H. Potter, Vertner Kenerson; consultants—surgery, Roswell Park; medicine, Charles G. Stockton, De Lancey Rochester; diseases of the nose, ear and throat, Geo. F. Cott; diseases of the eye, Alvin A. Hubbell, Arthur G. Bennett, Elmer E. Starr; neurologist, William C. Krauss; dermatologist, Grover W. Wende;

THE RIVERSIDE HOSPITAL.

orthopedic surgeons, Bernard Bartow, E. C. W. O'Brien; pathologist, H. G. Matzinger; house surgeon, Thomas McKee; house physician, Carro Julia Cummings.

City Hospital for Women.

A hospital with the above name was established in 1896 by Dr. Charles E. Congdon. It is located at 859 Humboldt Parkway and receives women for care, operation and treatment who are suffering from diseases pertaining to their sex. The medical staff is composed as follows: attending physicians, Charles E. Congdon, James S. Porter, John J. Walsh, C. B. LeVan and A. L. Benedict; consult-

ing physicians, F. E. Harrington, Frederick Preiss, Thomas F. Dwyer, Emil Lustig, Julius F. Krug, W. C. Callanan and William G. Ring; obstetrics and gynecology, William Warren Potter and Henry D. Ingraham; general surgery, Edward M. Dooley and Eugene A. Smith; ophthalmology and otology, A. A. Hubbell and J. J. Finerty; nervous diseases, Floyd S. Crego; bacteriologist, Frank J. Thornbury. Dr. Congdon is the surgeon in charge and to his energy is largely due the success of the hospital.

German Hospital and Dispensary.

This hospital and dispensary was organised in 1895. The dispensary was opened December 14, 1896, at 621 East Genesee street, Buffalo, with the following-named physicians as members of the staff: President, Charles H. W. Auel; vice-president, Gustav Pohl; secretary Max Breuer; house committee, L. Schroeter, Sigmund Goldberg and Henry G. Bentz; general medicine, E. E. Koehler, Fridolin Thoma, Julius Ullman; surgery, J. G. Meidenbauer and M. Hartwig; consulting surgeon, Herman Mynter; diseases of women, C. H. W. Auel, Max Breuer and Sigmund Goldberg. Psychiatry and diseases of the nerves, William C. Krauss, H. G. Matzinger and William Meisberger; diseases of children, L. Schroeter, Gustave Pohl, C. H. W. Auel; ophthalmology and otology, attendant, E. Blaauw; consultant, Lucien Howe; genito-urinary and skin diseases, J. M. Kraus, A. Jokle and G. W. Wende, with Ernest Wende as consultant.

The aim of this dispensary is to accept none but patients absolutely too poor to pay, and the list is scrutinised each week by a committee of three directors, with a view to ascertain if any patients not entitled to charity are receiving treatment. This committee, as well as every attending physician, is expected to become familiar with the social condition of each patient and to reject the applications of such as are found able to pay for medical treatment.

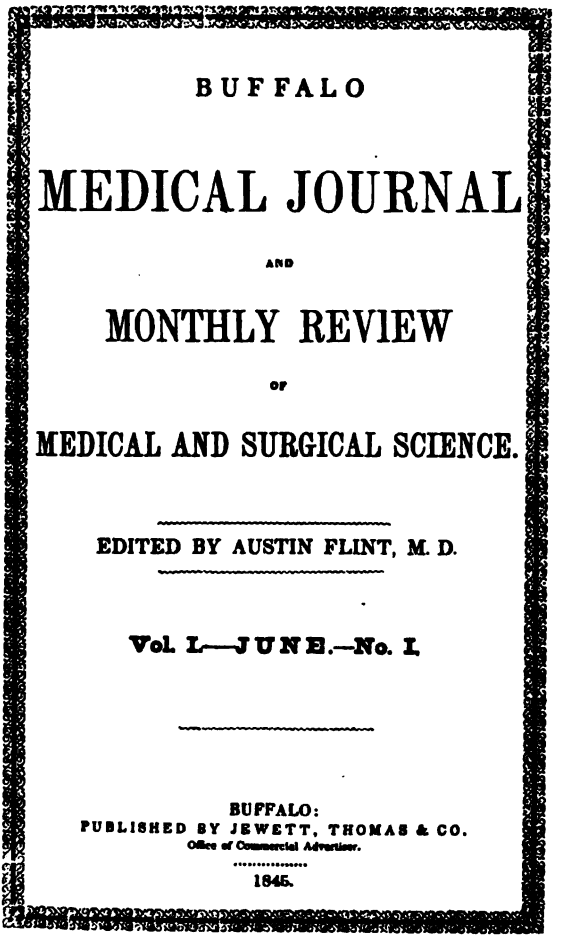
IV.—Medical Journals.

The Buffalo Medical Journal.

The desirability of establishing a medical journal in Buffalo had been agitated for some time previously, but definite plans were not made until the spring of 1845. A guaranty was signed by Alden S. Sprague, Austin Flint, Frank Hastings Hamilton and James P. White, protecting the publishers against loss, which resulted in the consummation

of plans that had been languishing. It is proper to state that the guarantors were never called upon for funds, as the JOURNAL was self-supporting from the start.

In June, 1845, the first number of the BUFFALO MEDICAL JOURNAL was published under the editorship of Dr. Austin Flint, who was


BUFFALO

MEDICAL JOURNAL

AND

MONTHLY REVIEW

OF

MEDICAL AND SURGICAL SCIENCE.

EDITED BY AUSTIN FLINT, M. D.

Vol. I.—JUNE.—No. I.

BUFFALO:
PUBLISHED BY JEWETT, THOMAS & CO.
Office of Commercial Advertiser.
1845.

Facsimile of Front Cover Page—One-third size.

its founder and owner. It was printed by Jewett, Thomas & Co., at the office of the *Commercial Advertiser* and consisted of twenty standard octavo pages. It contained an introductory editorial by Dr. Flint that occupied two and one-fourth pages; notes of a European trip, by Frank H. Hamilton, then professor of surgery at the

Geneva Medical College; cases of acute rheumatism treated by nitrate of potash in large doses, by Alden S. Sprague; a case of aortitis, with autopsy and remarks, by George N. Burwell; a case of hydrophobia, reported by James P. White; a case of midwifery with twins at different stages of development, by H. N. Loomis, and the last four pages of this number were filled with paragraphs under the general head, editorial, medical intelligence, bibliographical notices and miscellany.

At that time Buffalo contained less than 30,000 inhabitants, and though there were about seventy physicians of all sorts and conditions, one-half of whom were regulars, there were yet no medical societies organised in the city. The JOURNAL, however, was a success from the start owing to the energy of its editor and his associates and the united support of the regular medical profession. The first volume contained a total of 284 pages, but the second grew to an aggregate of 758 pages, which was the standard it maintained for many years.

Mr. James N. Matthews, afterward editor and proprietor of the *Buffalo Morning Express*, worked as a compositor on the first numbers of the JOURNAL and he stated to the writer in a conversation on the subject a short time before his death, that at first he experienced great difficulty in deciphering Dr. Flint's copy, as he prepared it for the press something after the manner of Horace Greeley.

The history of the BUFFALO MEDICAL JOURNAL involves the history of the medical profession of Buffalo for more than fifty years. In its pages are recorded the principal medical events that have occurred here during the half century of its existence, some of which are somewhat startling in character, while many are given in detail. It contains the reports of clinical cases and medical and surgical items that served to make the men of the early days famous.

In its fourth number is published the first information concerning the true nature of the infection of typhoid fever, as noticed on a previous page. A well in North Boston, Erie County, became poisoned by the excreta of a typhoid patient brought from Massachusetts. Twenty-one cases occurred in five families, all living within a few rods of the fatal well and deriving their water supply from that source. After seven had died Dr. Flint visited the locality, diagnosticated and traced the disease, then unknown in this region, from New England to North Boston, definitely establishing its contagion and pointing out its source. The published report became a classic in medical literature and formed the basis of a series of essays published in the

BUFFALO MEDICAL JOURNAL. It was Dr. Flint's first conspicuous success, and it is more than probable that it laid the foundation of his future fame as a clinician.

Dr. Frank H. Hamilton published in the pages of the JOURNAL his surgical clinics and fracture tables, together with other papers

JAMES N. MATTHEWS.

(*Of Matthews, Northrup & Co.*)

First Compositor of the Buffalo Medical Journal.

that served to form the basis of his future classic treatise on fractures and dislocations, that is recognised in every country throughout the civilized world, and has been translated into several tongues.

Dr. James P. White lent his powerful influence in support of the JOURNAL from the first, and published in its columns essays and clinical

reports from which sprang a fame that made him known in two hemispheres. Every new method of procedure or new-fashioned instrument that came to his knowledge was made known to his colleagues through the JOURNAL.

Dr. Flint conducted the JOURNAL as sole editor from 1845 until 1853, when, having been invited to teach the practice of medicine at Louisville, Ky., he transferred it to other hands. Meanwhile a young man from Mendon, N. Y., had been contributing a series of articles to its columns, under the name of "Smelfungus," that had attracted great attention on account of their rare wit, wisdom and originality.

JULIUS F. MINER, M D.

This young man was invited to become demonstrator of anatomy at the Buffalo Medical College, which circumstance made it convenient for him to transfer his residence to Buffalo. Recognising his talent and fitness for the work, Dr. Flint made haste to invite "Smelfungus" to become associated with him in the editorial conduct of the JOURNAL. Thus Dr. Sanford B. Hunt, "Smelfungus" no longer, without experience in journalism, indeed with very little experience of any kind, became practically editor-in-chief with the issue of July, 1853. The wisdom of this selection was never challenged, and two years later Dr. Flint conveyed his entire interest in the JOURNAL to Dr. Hunt, so in June, 1855, the latter became its sole editor and proprietor.

During Dr. Hunt's administration, from 1853 to 1858, the JOURNAL enjoyed the most brilliant period in its history. Putting his whole talent and energy into the work, the editor soon made his journal famous, not only for the sparkling originality of its editorial department, but also for its journalistic *esprit de corps*. Dr. Hunt was a ready writer, an original thinker, and had special aptitude for editorial work. His ideas ran faster than his pen; hence it was difficult for him to keep his thoughts in check while his pen caught up to his expressions.

In the year 1855 the JOURNAL had its first experience as a defendant in a libel suit. The circumstances leading up to this event may be thus briefly stated: Dr. John D. Hill had been expelled from the medical society of the county of Erie for a violation of its rules and the JOURNAL had seen fit to make fearless and independent comment thereon. Fancying himself injured thereby Dr. Hill brought suit for libel against the editors, Drs. Flint and Hunt. The JOURNAL was mulcted in $500 damages by a jury that the editor, from his comments at the time, evidently thought below the average intelligence. It is proper to state in this relation that Dr. Hill was subsequently restored to membership by a mandate of the court, and was elected president of the society in 1887, as is recorded elsewhere.

A. R. DAVIDSON, M. D.

In addition to his duties as editor, Dr. Hunt was professor of anatomy in Buffalo Medical College and city editor of the *Commercial Advertiser*. Finally he became editor-in-chief of the *Commercial*, surrendered his professorship in 1858, and also transmitted his interest in the JOURNAL to other hands. A little later he was elected superintendent of public schools, and when the civil war came he joined the army as surgeon of United States Volunteers. He was placed in charge of Convalescent Camp, near Alexandria, Va., in 1863, a duty which enabled him to exercise his talent as an organiser. After the war he edited a volume known as the History of the United States Sanitary Commission, and upon completion of this task he became editor of the Newark (N. J.) *Daily Advertiser*. Later he published the Sunday edition of that newspaper, which is now conducted by his son, Mr. William T. Hunt. In January, 1884, Dr. Hunt was seized with a fatal illness, of which he died at Irvington,

N. J., April 6, 1884. His ashes repose in Forest Lawn Cemetery at Buffalo.

From 1858 to 1860 Dr. Austin Flint, Jr., was editor, but the proprietorship had been transferred to Mr. A. I. Mathews, then a well-known druggist in Buffalo. Now came a period of disaster. The prosperity that throughout had attended the JOURNAL seemed near its end. Mr. Mathews prostituted its advertising columns to the printing of quack advertisements. Thereupon the profession withdrew its support. Dr. Flint resisted the action of the druggist with all his might, but he was unable to stem the tide and the JOURNAL ceased publication for a time.

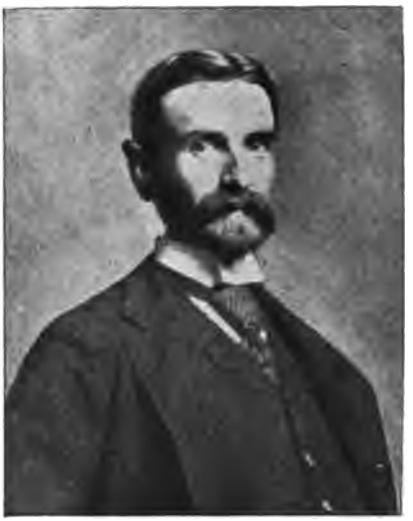
F. R. CAMPBELL, M. D.

Plans soon began to be discussed among leading physicians looking to its resuscitation, but as Mr. Mathews owned a proprietorship in the name of the JOURNAL it became inexpedient for a time to revive it. Finally, however, this difficulty was overcome, and in August, 1861, the JOURNAL was reëstablished under the able editorship of Dr. Julius F. Miner, the well-known surgeon. A slight modification in the name became necessary, so it was called the BUFFALO MEDICAL AND SURGICAL JOURNAL AND REPORTER. At this time the country was plunged in civil war and as a consequence there was deep commercial depression and distress, a period unfavorable for the commencement of such an enterprise. Hence it required no little courage and energy on the part of its editor to begin the reprinting of the JOURNAL at the time named; but the physicians of Buffalo had learned to appreciate the value of a good medical journal, all the more, perhaps, since they had been deprived of one.

The first number of the new series contained thirty-two pages, and the first volume an aggregate of 380 pages. With the beginning of the second volume the words "and Reporter" were dropped from its title and it was published under the name of the BUFFALO MEDI-

CAL AND SURGICAL JOURNAL until its semicentennial anniversary, August, 1895; then, with a view to simplicity, it dropped the words "and Surgical," and has since been known by its original name —THE BUFFALO MEDICAL JOURNAL.

For eighteen years Dr. Miner continued to publish the JOURNAL, though he was assisted a portion of the time by Dr. Edward N. Brush as associate editor, now superintendent of the Sheppard Asylum for the Insane, at Towson, Md. During the period of the war the pages of the JOURNAL became a historical record of the officers who entered the military service from Buffalo and vicinity. In the issue for June, 1869, may be found an account of the first application of the principles of enucleation, in the removal of ovarian and abdominal tumors, as performed by its originator, the editor, Dr. Julius F. Miner.



FRANK HAMILTON POTTER, M. D.

In 1879, Dr. Miner's failing health led him to resign his editorial work into other hands. The JOURNAL was sold to a syndicate of physicians composed of Thomas Lothrop, A. R. Davidson, Herman Mynter, Lucien Howe and P. W. Van Peyma. This administration began with Volume XIX., new series, August, 1879. The first volume published under the new management contained 556 pages, which indicated a steady growth in its size. With Volume XX., beginning August, 1882, the names of Drs. Howe and Mynter were dropped from the editorial staff, and two years later Dr. Van Peyma retired, leaving the JOURNAL in the hands of Drs. Lothrop and Davidson. The latter continued as managing editor until his death, May 25, 1888. In July, 1888, Dr. Davidson's interest in the magazine as well as his functions as managing editor passed into the hands of Dr. William Warren Potter, who has continued in their exercise since that time. In 1895 the jubilee number was published, giving a historical sketch of medical journalism and medical institutions from the establishment of the JOURNAL in 1845. At that time the JOUR-

NAL was enlarged to eighty pages and otherwise made to conform to the advancements of the age.

The three editors during its first series are dead; so, too, are Drs. A. R. Davidson, managing editor, F. R. Campbell and Frank Hamilton Potter, associate editors. Thus since the establishment of the JOURNAL, more than fifty years ago, six deaths have occurred in its editorial ranks. During the life-time of the JOURNAL nearly all the improvements in medicine and surgery that are valuable have been developed and it has served as a stimulus to continued effort on the part of the medical profession of Buffalo toward the advancement of medical science. It prides itself upon having kept pace with improvements, and so continued to display an energy worthy of professional esteem and support.

(*Continued next month.*)

Clinical Lecture.

VARICOCELE.[1]

BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

REPORTED BY P. J. CANDEE, M. D.

VARICOCELE is a term derived from the Latin word varus, meaning "bent awry" and kala, a Greek word, meaning tumor, and it is used to designate an enlarged and tortuous condition of the veins of the pampiniform plexus. This plexus is made up of the veins of the testis and epididymis and forms the bulk of the cord. The spermatic artery is located in front of the vas and is accompanied by the spermatic nerve. The vas also has an artery closely associated with it in its course.

Varicocele occurs nine times on the left side to once on the right. The pampiniform plexus is arranged into three groups of veins. (This is an indistinct and arbitrary division.) The anterior group is much the largest and frequently surrounds the spermatic artery. This group is first affected and is the most extensively involved. The middle group follows the vas and its artery. The smaller posterior group is made up by the veins from the tail of the epididymis.

1. Delivered at the Sisters of Charity Hospital, July 10, 1898.

Varicocele is an affection of puberty and young manhood and ceases in middle life. The veins of the pampiniform plexus dilate, elongate and become tortuous and their walls are thickened by inflammatory formation of fibrous tissue, as well as muscular hypertrophy, and it has been alleged that there may be a congenital thickness of structure.

Many causes are given to account for this abnormal condition The alleged causes are as follows: (1) Congenital abnormality; (2) persistence of the veins of the Wolfian body and duct; (3) venous hypertrophy; (4) traumatism by lifting, straining, and the like; (5) chronic meso-phlebitis; (6) absence or defectiveness of valves; (7) masturbation, excessive venery as well as continence; (8) rapid development of the sexual apparatus; (9) engorged portal circulation; (10) sigmoid pressure; (11) vis a tergo through the spermatic artery.

Symptoms.—Relaxed scrotum, upright posture, coughing gives a slight impulse to the veins. They become empty in a horizontal position and full on pressure over the external abdominal ring.

This malady is painless in the robust and healthy, but in weak and anemic subjects it causes aching and pain in the testicles, cords, loins and frequently in the back.

The delicate young man complains of pain, tenderness and wasting of the testes; he becomes morbid, depressed and melancholy, lest virility be impaired and impotency result. Masturbators are especially prone to morbid fears of approaching impotency. This malady comes on painlessly and insidiously, and is first noticed as a swelling, with relaxation of the scrotum.

If the veins enlarge before puberty, they may interfere with the growth and development of the testicles. If they do not enlarge until after puberty, the size of the testicle is not affected, but this organ may be less firm and elastic owing to impaired nutrition and function, due to the stagnant condition of its blood supply.

Varicocele does not cause atrophy of the testicles in the adult. The treatment is palliative and operative. The palliative treatment consists of the use of a well-fitting suspensory bandage. In the vast majority of cases there is no danger of atrophy or impairment of virility and no occasion for operation. Marriage and a healthy sexual hygiene usually result in the relief of this malady.

An operation is justifiable—first, when it debars patient from entering one of the public services and whose vocation involves much

activity in the upright position. If the patient be clearly hypochondriac or a monomaniac in genital matters, an operation will not relieve his mental condition. The operation of choice is an open incision. This permits the surgeon to operate with precision and to include only that portion of the cord which is safe to dispose of. An incision is made about an inch and a half long, over the veins protruded, after grasping the affected side of the scrotum, and with one or two strokes of the scalpel the sack of enlarged veins is exposed and carefully opened. The surgeon then passes a steel director, first at the upper and then at the lower angle of the wound, piercing the packet in each place and leaving about a third of the veins behind it. He then passes a needle or probe, carrying a ligature along the groove of each director, and ties these ligatures around the included veins. These ligatures will take in a section of one and a half inches of the veins. After ligation, a pair of scissors is run along the director andthe packet is cut through, about a quarter of an inch from the proximal side of each ligature. This included portion of the varicocele is then trimmed way, and any cross branches may be secured by ligature. The two stumps then are brought together, either by uniting the threads of the ligatures or by introducing a new ligature through each stump and drawing them together in that way. Care should be exercised to co-apt the stumps. One object of this operation is to shorten the cord, and to restore the natural suspension of the testicles. The wound is then carefully examined and every bleeding point is secured, a drain inserted, after which the edges of the incision are carefully adjusted, the parts dressed with antiseptic gauze and supported by a spica bandage.

Mr. Bennett in a proposed operation for varicocele does not open the sheath immediately surrounding the veins, but passes the ligature around the entire mass, and thus secures all the affected veins as none of them lie outside of the fascia. Mr. Bennett alleges that the spermatic artery is not displaced with the vas deferens, but remains with the veins, and maintains that the artery may be safely divided with the veins, for so long as the wound remains aseptic the artery to the vas deferens and some other of the outlying branches to the spermatic artery are sufficient to carry on the blood supply to the testicle and to prevent any risk of atrophy.

Jacobson claims that a division of all the veins involves a risk. He also alleges that it is not safe to trust to the artery of the vas and outlying branches of the spermatic artery. These vessels are small and delicate and inflammation about these parts may be

sufficient to choke them and cause sloughing or wasting of the organ. Jacobson advises the adoption of the method described above, which includes the excision of only about two-thirds of the enlarged mass of veins, believing that the chances of recurrence of the disease is less grave than the danger of destroying the testicle, as is often the result when the Bennett operation is done by some other one than Bennett himself. Subcutaneous ligature of the vessels is a surgical procedure that has been almost entirely superseded by the open operation since aseptic surgery has come in vogue.

This young man has a medium-sized varicocele, and desires its removal so that he may enter the public service. I shall do the open or Bennett operation, at the same time heeding the precaution given by Jacobson. I have seen three young men, during the past summer, who have each lost the testicle following the operative procedure described and proposed by Bennett.

Society Proceedings.

MEDICAL ASSOCIATION OF CENTRAL NEW YORK.

REPORTED BY C. A. VAN DER BEEK, M. D., Secretary.

THE thirty-first annual meeting of the Medical Association of Central New York was held at Music Hall, Auburn, N. Y., October 18, 1898.

The meeting was called to order at 11.05 A. M., by the president, Dr. WILLIAM C. KRAUSS, of Buffalo.

Prayer was offered by Rev. George Feld, of Auburn.

Dr. J. P. CREVELING, of the committee of arrangements, said :

Mr. President and Members :

The Cayuga County Medical Society extends to you today a hearty welcome. Thirty-one years ago the embryo that has developed into this magnificent association was conceived in that society. Today she bids you a welcome return, not as the prodigal, lean and lank, but fully developed and in the full vigor of your manhood. While you remain in this city, gentlemen, you will be the guests of the parent society.

THE PRESIDENT—I am sure we all appreciate the kind words of welcome of Dr. Creveling on behalf of the Cayuga County Medical

Society and the committee of arrangements, and we trust that we shall make good use of all that the people of Auburn have offered us today.

The first in order is the reading of the minutes of the previous meeting, but these minutes having been so fully reported in our transactions, the chair will entertain a motion to omit their reading at this time.

Dr. JOHN A. GERIN, of Auburn—I move to omit the reading of the minutes of the last meeting.

Seconded by Dr. Creveling, of Auburn. Carried.

The chair announced the following committees:

Business Committee—Drs. B. C. Loveland, Clifton Springs; Sargent F. Snow, Syracuse; A. W. Henckell, Rochester.

Committee on Credentials—Drs. F. H. Stephenson, Syracuse; John A. Lichty, Clifton Springs; F. W. Maloney, Rochester.

Committee on Ethics—Drs. H. T. Williams, Rochester; A. A. Young, Newark; F. W. Higgins, Cortland.

Committee on Reception—John A. Gerin, William S. Cheesman, J. P. Creveling, Frederick Sefton, E. S. Foreman, John O. Palmer, Auburn.

Committee on Publication—Drs. William C. Krauss, Buffalo; C. A. Van der Beek, Rochester; S. L. Elsner, Rochester.

Dr. E. L. MOONEY, first vice-president, was called to the chair while Dr. William C. Krauss, of Buffalo, delivered the president's address, entitled Degeneracy. Prefacing his address the president made the following remarks:

The thirty-first anniversary of the Medical Association of Central New York finds it in a healthy, robust condition, as evidenced by the unflagging interest shown by your attendance and by the program offered for today's consideration. Thus far its growth has been steadily onward, its membership constantly increasing, its treasury well stocked and its *esprit de corps* unexcelled. Its annual volume of Transactions has been highly commented upon and the scientific work accomplished has been applauded and appreciated. But while we have been so prosperous in the past let us not forget that we owe something to the future and that the high standard of the society can only be maintained by united effort and individual zeal.

It was a prudent move when in 1889 Erie County was admitted to this association. It was, however, but an entering wedge for

Western New York, for today I bring with me the applications of the medical societies of the Counties of Cattaraugus, Chautauqua, Allegany, Niagara and Chemung, desiring affiliation with this association. I would recommend that their delegates be accepted and that these societies become affiliated societies.

With the acceptance of these societies the Counties of Western New York are solidly represented in this association and it seems to me appropriate and judicious, as well as timely, that we appreciate the wisdom of their action, and I would therefore suggest that an amendment be made to Article I. of our Constitution, changing the name of this association from the Medical Association of Central New York to the Medical Association of Central and Western New York.

With the publication of our proceedings today we will have a volume of 500 to 600 pages when bound together. It is the intention of the publication committee to prepare a careful index covering these five years, and a revised Constitution and list of members should be authorised printed to accompany Volume V. I recommend that suitable action be taken with reference to this matter.

Our visit to this beautiful city, to which we have looked forward with much pleasure and anticipation, is unhappily marred by the death of our worthy second vice-president, Dr. E. S. Foreman, who died very suddenly in this city on September 13, 1898. Since 1875 he has been an active member in our midst and a valued member of the present committee on arrangements. Some suitable action on his death might be taken by the society. In conclusion, I wish to thank you heartily for the honor of presiding at this meeting and trust that the work accomplished today will be a fitting preface to that of the coming decade.

The President then proceeded with the scientific part of his address, printed in the JOURNAL for November, 1898.

Dr. GERIN—I move a vote of thanks to Dr. Krauss for his very able, interesting and valuable address on a most important subject, and for the recommendations contained in it, and that the address be referred to a committee of three, appointed by the chair.

Seconded by Dr. Crego, of Buffalo. Carried.

The President then resumed the chair.

The chair appointed a committee on the recommendations of the President to consist of Dr. Weigel, Dr. Jacobson and Dr. Crego, three ex-Presidents of the society.

The following members and delegates registered:

Cayuga.

Austin, S. E.	Jenkins, J. M.	O'Brien, F. E.
Brown, A. H.	Jenkins, N. E.	Palmer, John
Cheesman, Wm. S.	Kenyon, Frank	Parker, F. H.
Conway, M. P.	Laird, W. R.	Putnam, F.
Creveling, J. P.	Lester, E.	Ryan, F. B.
Gerin, John	Lewis, LeRoy	Sefton, Frederick
Greene, G.		

Cortland.

Higgins, F. W. Smith, M. R.

Erie.

Colton, A. J.	Dowd, J. Henry	McAdam, L. J.
Congdon, C. E.	Fronczak, F. E.	McGuire, F. W.
Crego, F. S.	Krauss, Wm. C.	Wende, G. W.

Monroe.

Becker, W. D.	Hordenbrook, E. R.	Roe, John O.
Boddy, E. C.	Jameson, Thomas	Sawers, F. H.
Boswell, C. O.	Jones, O. E.	Schoonmaker, H.
Comfort, C. V. C.	Jones, W. B.	Van der Beek, C. E.
Conklin, W. L.	Laur, G. A.	Wallace, W. T.
Davis, J. C.	Maier, A. P.	Weaver, John E.
Elsner, S. L.	Maloney, F. W.	Weigel, L. A.
Graham, H. C. W.	Mason, D. G.	Wolff, W. D.
Henckell, A. W.	Mulligan, Wesley	

Ontario.

Bishop, E. R.	Lichty, Cora L.	Pratt, John H.
Eiseline, D. A.	Lichty, John	Spaulding, F. W.
Hallenbeck, O. J.	Loveland, B. C.	Stebbins, F. L.
Jewett, J. H.	Merritt, C. P. W.	Thayer, C. C.

Seneca.

Russell, Wm. L. Steinach, Wm.

Onondaga.

Brown, G. L.	Elsner, H. L.	Kellogg, W. C.
Clark, G. E.	Hall, A. L.	Loomis, B. W.
Crayton, S. B.	Halsted, T. H.	Marlow, F. W.
Cour, A.	Hawley H. B.	Miller, A. B.
Easton, F. E.	Jacobson, Nathan	Money, E. L.

Randall, A. B.	Stephenson, Frank H.	Van de Warker, Ely
Sears, F. W.	Totman, D. M.	Williams, H.
Snow, Sargent F.	Vadeboncoeur, A. F.	Wright, H. B.

Oswego.

Dowd, P. M. Rainier, E.

Wayne.

Arnold, J. N.	Hallett, T. H.	Myers, Frank
Carmer, M. E.	Lapp, E. H.	Young, A. A.
Carr, R. S.		

Upon motion the following visitors were invited to be guests of the society and to take part in the discussions:

Babbitt, ————, Auburn,	Johnson, W. D., Bergen,
Babcock, H. D., Syracuse,	Mengis, Charles, Buffalo,
Bellows, George A., Waterloo,	Reynolds, C. J., Buffalo,
Bennett, M. L., Watkins,	Robinson, R. W., Auburn,
Clark, G. W., Waterloo,	Smith, M. R., McGrawville,
Everts, George S., Auburn,	Suiter, A. Walter, Herkimer,
Fassett, O. R., Auburn,	White, D. A., Montezuma,
Feld, Rev. Geo., Auburn,	Whitney, R. A., Liverpool,
Hills, J. E., Willard,	Woodruff, E. G., Auburn.
Horton, D. B., Red Creek,	

Dr. B. C. LOVELAND, of Clifton Springs, on behalf of the business committee: It has been stated that the time of reading the papers would be limited to ten minutes and the discussion to five minutes, hence in order to get the large number of papers before the meeting, we shall have to adhere very strictly to this rule. The order as set down upon the program will be followed as closely as can be, with the exception that the first presentation will be a case by Dr. Crego, of Buffalo.

Presentation of a case by Dr. Floyd S. Crego, Buffalo.

Milk in the sick-room dietary, by B. C. Loveland, M. D., Clifton Springs.

Tubercular peritonitis, with report of cases cured by laparatomy, by Thomas Jameson, M. D., Rochester.

Discussion of last paper by Dr. Ely Van De Warker, Syracuse; Dr. Nathan Jacobson, Syracuse; Dr. Joseph P. Creveling, Auburn; Dr. J. Henry Dowd, Buffalo; Dr. Charles E. Congdon, Buffalo.

Some practical points in the use of the *x*-ray in medicine and surgery, by L. A. Weigel, M. D., Rochester.

Discussion of the last paper postponed until afternoon session.

The society then adjourned for luncheon, at the invitation of the Cayuga County Medical Society. The afternoon session was convened at 2.30 p. m. The election of officers for the ensuring year being in order, the chair appointed as tellers, Drs. Hallenbeck, of Ontario and Sears, of Onondaga. The officers elected are—president, Dr. E. L. Mooney, of Onondaga; first vice-president, Dr. John Gerin, of Cayuga; second vice-president, Dr. A. L. Beahan, of Ontario; secretary, Dr. C. A. Van der Beek, of Monroe; treasurer, Dr. S. L. Elsner, of Monroe.

THE PRESIDENT—I believe we elect a delegate to the American Medical Association. If anyone wishes to go as delegate from this association, I think the secretary can furnish him with the proper credentials.

I will now call for the reports of officers; first that of the secretary.

Dr. VAN DER BEEK—The secretary has no report of importance to make. I can simply give you a little information as to the work of the secretary. There were, at the beginning of this meeting, 240 members, to whom cards were sent calling for papers. There are in the district covered by the sixteen counties represented in the association—in the twenty-one counties now that we expect will be represented—about 1,450 physicians, to whom programs are sent. There were in attendance last year 109 physicians who registered. In addition to sending cards to the 240 members, programs to the 1,450, and transactions to 109 members, about seventy-five letters are written per year, making considerable work which the secretary is very glad to do. The treasurer will give a report regarding the financial condition.

THE PRESIDENT—While we are waiting for the treasurer, we might hear the report of the committee on president's recommendations.

The committee on president's address reported as follows: That the recommendations with reference to the admission of the county societies of Cattaraugus, Chautauqua, Allegany, Niagara and Chemung be adopted. Inasmuch as the admission of these counties does not enlarge the territory covered by this association, your committee feels that it would be proper to make this recommendation. In regard to the second recommendation, the committee likewise feels that by the admission of the above-named counties, the territory of the society would warrant a change of name

from The Medical Association of Central New York to The Medical Association of Central and Western New York.

THE PRESIDENT—These amendments to the Constitution will be voted upon at our next meeting.

Dr. N. JACOBSON, Syracuse—Do I understand it requires any amendment for the admission of these counties? As I read the Constitution it simply states that any societies sending delegates can become members of the association. If New York should send delegates, we would be compelled to admit New York. We have no choice in the matter. As I understand the Constitution, any recognised county society of the state sending delegates to this association has a right to demand admission.

Dr. ELY VAN DE WARKER, Syracuse—The change of name, it strikes me, is a very important matter; and the name Central and Western New York seems to be a clumsy sort of name, long to write and to refer to. It strikes me as quite a serious matter. A good deal depends upon a name sometimes. Why would it not be a little prudent to go carefully in the matter and refer the matter of the change of name to a committee, where the matter could be given a little more reflection and care? The subject of euphony, the convenience of reference and the name of a society that has assumed the proportions this has are worthy of consideration.

THE PRESIDENT—I desire to state that the matter was given consideration by this committee and this is a committee which has reported on that suggestion, also that the change in name will not be voted upon until the next meeting.

Dr. J. GERIN, Auburn—I believe it is desirable to act upon the suggestion of the committee and notice should be given of a change or proposed amendment to the constitution at this meeting, and then it might be acted upon at the next meeting. I give notice that at the next meeting of this association. I shall offer an amendment to the Constitution changing the name from the Medical Association of Central New York to the Medical Association of Central and Western New York.

Dr. J. N. ARNOLD, Clyde—I would move that the committee which takes into consideration the amendment to the constitution also take into consideration the subject of change of date. This society meets on the same date as the State Medical Association. There are many members of both associations who cannot attend both. Therefore I would suggest that it take that into consideration.

THE PRESIDENT.—If Dr. Arnold will give notice in writing of such a change, it will be acted upon at the Syracuse meeting.

Dr. L. A. WEIGEL, Rochester—It seems to be the general impression that the committee is still in existence. The committee appointed on the president's address has made its report and I presume its labors are ended. If any amendments are to be acted upon, it will be necessary to appoint a new committee for that purpose. There is no committee now. I move that a committee of three be appointed to consider all amendments to the constitution and by-laws and report at the next meeting at Syracuse.

Seconded by Dr. Arnold. Carried.

The chair appointed as such committee Drs. Weigel, Jacobson and Arnold.

Reading of the treasurer's report, by Dr. S. L. ELSNER, Rochester.

Cash in bank, October 19, 1897, $163.87; receipts, $138.00; total, $301.87.

Disbursements, $186.85; cash in bank, October, 17, 1898, $115.02; total, $301.87.

The funds of the society have steadily decreased and the expenses increased since I became treasurer. By another year we will have no means of meeting the bills as they come in. Inasmuch as this committee on amendments has been appointed, perhaps it will not be necessary now to say that I would move that an amendment to the constitution be made whereby every member of this association be taxed $1 a year, whether he be present at the meeting or not, and that a bill be rendered him at the end of the year for his dues. That would amount to $250.00 a year. This will enable the society to get along very nicely, even at the rapid rate of increase in its expenses. Inasmuch as the society is growing rapidly and we are constantly enjoying the hospitality of the counties in which we meet, the time will come when it will be really asking too much for those counties to put up such a luxurious lunch as we have had today, and it really ought to come out of the funds of the society. If every member on our books would pay a single dollar as his just dues to the society, whether he be present at the meeting or not, the lunches could very easily be paid out of the general treasury of the society. I will not move that amendment because a committee exists and it will be presented to them in due time and acted upon at the next meeting.

Dr. L. A. WEIGEL, Rochester—I would like to ask for an interpretation of Article XI. of the Constitution, which says that the annual dues for permanent members and delegates in attendance shall be $1.

THE PRESIDENT—The point made by our treasurer is a very good one. Not only those who attend the meetings, but those who belong to the association, should pay their annual dues; and from the reading of Article XI., it seems to me that an amendment to that article might well be made, or that the punctuation of the article be so made as to cover the point in question.

Dr. L. A. WEIGEL, Rochester—I think the constitution covers the ground now, that every permanent member is liable for his annual dues.

Dr. J. GERIN, Auburn—In order to get at this quickly and save time, I will give notice that I will offer, at the next meeting, an amendment to that part of the constitution, to strike out the words "in attendance," in Article XI.

Dr. L. A. WEIGEL, Rochester—I move that we approve the report of the treasurer.

Seconded by Dr. S. F. Snow, Syracuse. Carried.

The postponed discussion of Dr. Weigel's paper was then taken up and was discussed by Dr. D. M. Totman, Syracuse; Dr. Gerin, Auburn; and Dr. Hall, Fair Haven. Psoas abscess in women, by Ely Van De Warker, M. D., Syracuse; discussed by Dr. Jacobson, Syracuse. Compound dislocations, by Francis E. Fronczak, M. D., Buffalo. The principles of the radical cure of inguinal hernia, by Wm. B. Jones, M. D., Rochester; discussed by Dr. Creveling, Auburn. Hemianopsia, by F. Higgins, M. D., Cortland. Catarrhal deafness—a more favorable prognosis, by S. F. Snow, M. D., Syracuse; discussed by Dr. John O. Roe, Rochester. Scarlatina, by A. A. Young, M. D., Newark. Creosote or guaiacol as a urinary antiseptic, by J. Henry Dowd, M. D., Buffalo. A clinical study of the relation of the blood, urine and stomach contents in diseases of the stomach, by John A. Lichty, M. D., Clifton Springs. Remarks on extrauterine pregnancy, with report of case, by L. J. McAdam, M. D., of Buffalo.

Dr. A. L. HALL, Fair Haven—I request the privilege at this time to present a memorial of the late Dr. Foreman and to have the same incorporated in the minutes of the transactions of this meeting. I was appointed as a chairman of a committee by our county society to perform that duty, but by reason of other occupation within the last

two weeks, I have been unable to prepare it. I wish further time and ask that privilege.

THE PRESIDENT—I think the society will grant the time to Dr. Hall for the preparation of that memorial and have it sent to the Committee on Publication.

Dr. VAN DER BEEK, Rochester—I would announce that the following-named delegates have complied with the constitution of the society and are eligible to election: Drs. G. W. Wende, Erie; A. B. Maine, Wesley Mulligan, F. H. Sawers, J. C. Davis, Geo. A. Lane, O. E. Jones, Monroe; Drs. A. B. Randall, F. W. Marlow, H. B. Hawley, W. C. Kellogg, Onondaga; Drs. Cora L. Lichty, D. A. Eiseline, Ontario.

Dr. J. GERIN, Auburn—I would move that they be elected to permanent membership.

Seconded by Dr. Creveling, Auburn. Carried.

Dr. EDWIN R. BISHOP, of Geneva, read a paper in relation to a recent epidemic of small-pox.

Dr. B. C. LOVELAND, Clifton Springs, read the following papers by title: The methods and results of state control in medicine, by William Warren Potter, M. D., Buffalo. Syphilis of the nervous system, by Floyd S. Crego, M. D., Buffalo. Can syphilis be cured? by A. E. Diehl, M. D., Buffalo. A report of fifty-six consecutive vaginal sections for diseases of the uterus and appendages, with some remarks upon the method described by Pryor for examination of the pelvic contents, and exhibition of instruments, by H. T. Williams, M. D., Rochester. Some cases of plastic surgery, by Wm. S. Cheesman, M. D., Auburn. Résumé of 350 post mortem examinations, by A. W. Henckell, M. D., Rochester, coroner's physician of Monroe county. Report of two cases of scolecitis simulating biliary colic, by A. L. Benedict, M. D., Buffalo. Report of a case, by Frederick Sefton, M. D., Auburn. The necessity of early diagnosis in malignant pelvic disease, by C. C. Frederick, M. D., Buffalo.

Dr. B. C. LOVELAND, Clifton Springs—I move that these papers be requested for publication in the transactions.

Seconded by Dr. Young, Newark. Carried.

Dr. S. L. ELSNER, Rochester—At this time as the meeting is drawing to a close and the hour is getting late, I would move that the society thank our brethren of Auburn for the very royal entertainment they have given us today.

Seconded by Dr. Loveland, Clifton Springs. Carried.

THE PRESIDENT—Our meeting today has been an auspicious and happy one, successful both from a scientific and social standpoint. I wish to thank the members of the committee on arrangements and Dr. Gerin especially for the kind manner in which they have entertained the members of the association; I also wish to thank the members of the various committees who have entered actively into the spirit of the work; and I also wish to thank the members of the association for the kind attention which they have given their presiding officer.

If there is no further business, we stand adjourned, to meet on the third Tuesday in October, 1899, at Syracuse, N. Y.

Progress in Medical Science.

PHYSIOLOGICAL CHEMISTRY.

BY JOHN A. MILLER, PH. D.

INFLUENCE OF ALCOHOL ON DIGESTION.

RUSSEL H. CHITTENDEN, LAFAYETTE B. WENDEL and HOLMES C. JACKSON (*Amer. Jour. Physiol.*, 1898; *Jour. Chem. Soc.*, 1898,) say that on the introduction of alcoholic beverages into the mouth of dogs and men, the flow of saliva is transitorily increased and on its introduction into the stomach, the gastric secretion increased in quantity, acidity and proteolytic activity. Alcoholic drinks retard the activity of digestive fluids, but in the living animal this is counterbalanced by the increased secretion of the juices mentioned, as well as by the rapid absorption of the alcohol given; experiments with test-meals, with and without alcohol, gave practically the same results. There is little or no direct influence on pancreatic or intestinal juices.

INFLUENCE OF BORAX AND BORIC ACID ON NUTRITION.

RUSSEL H. CHITTENDEN and WILLIAM J. GIES (*Amer. Jour. Physiol.*, 1898; *Jour. Chem. Soc.*, 1898,) say that doses of borax up to five grams, even when continued for some time, have no effect on the nutritional changes of the body. Larger doses (5 to 10 grams daily) increase proteid metabolism and larger amounts of nitrogen, sulphuric acid and phosphoric acid are excreted in the urine.

Boric acid up to three grams daily has no effect. In larger doses, borax retards the assimilation of proteid and fatty food, whilst with very large doses there is a diarrheic tendency. Borax decreases the volume of the urine and passing as such into this excretion, raises its specific gravity and renders it alkaline. Both borax and boric acid are rapidly eliminated, and so no cumulative action can result from their daily use. They have no influence on putrefaction in the intestines.

TOXIC ACTION OF ACETYLENE.

U. Mosso and F. Ottolenghi (*Real. Accad. Linc.*, 1898; *Jour. Chem. Soc.*, 1898,) report that experiments were made on dogs, rabbits, rats, sparrows, frogs, tritons and newts. The authors conclude that acetylene present in air in small proportion gives rise, in animals, to a proteid of excitement followed by one of paralysis, during which cardiac and respiratory failure are observed, paralytic symptoms then supervene and death occurs without convulsions.

RHINOLITH OR NASAL CALCULUS.

Poole (*New York Med. Jour.*) reports an interesting case in the person of a young woman, aged 24 years, who consulted him for nasal catarrh. He found hypertrophy of the turbinates and suggested an operation for its relief. Five days afterward he removed a portion of the tampon under an anesthetic, but finally succeeded and cleansed the cavity with hydrozone. Next day, after again cleansing the nostril, he discovered a body which under cocaine he removed with a dressing forceps. It proved to be a calculus. He then thoroughly cleansed and disinfected the cavity with the hydrozone solution, which removed the odor and rendered the cavity wholesome.

The next day two smaller pieces were removed while cleansing and treating the nose. They were loose and seemed as though they had just scaled off from the bed where the larger piece had lain.

The spraying of the nasal cavity with hydrozone, followed by the use of glycozone, constituted the treatment for the next four days, by which time the offensive odor had entirely disappeared, and the parts had assumed a healthy condition.

This concretion formed on the outer side of the inferior meatus, and as it grew larger it obstructed the flow of tears through the nasolachrymal canal, as evidenced by an overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

Selection.

THE SEAT OF LIFE IN MAN.

THE recent visit of Dr. Rudolph Virchow, the German biologist, to England, and his lecture before the Charing Cross Hospital Medical School, were events of no little interest. This eminent investigator is now seventy-seven years old, and yet age has scarcely touched him. Except for a somewhat feeble voice, one would hardly detect any evidence of weakness in his manner or appearance. On the occasion of his lecture he was honored by the presence on the platform of Lord Lister, Sir Henry Thompson, Sir Douglas Galton, Sir William Huggins, Sir John Evans and a number of other scientific men, nearly all of whom were septuagenarians. Rarely are so many persons distinguished for their services to civilisation seen together in England, outside of the meetings of the Royal Society and the British Association for the Advancement of Science.

Professor Virchow spoke in the language most familiar to his audience, and his enunciation was excellent. It was remarked at the time that it was doubtful whether any Englishman of the same age could address a French or German audience in a similar manner with as much finish and success.

The greatest achievement of Virchow is probably his study and reduction to order of the varied morbid growths called "tumors" and his classification of them with reference to the age of the patient. But he has investigated many other phases of disease, and has also taken an active part in municipal and national politics. He was an alderman in Berlin, and has occupied a seat in the Prussian Landtag.

CELLULAR PATHOLOGY.

Professor Virchow's name has been closely associated in the scientific world with a theory of disease which makes the cells the seat of life, and consequently of all disorders. He is sometimes spoken of, indeed, as the father of "cellular pathology"—as this doctrine is called. The old notion was that man is a unit in his existence; but the modern theory is that each cell has its own life, and that man is, therefore, an association of living beings. In fact, he is believed to bear substantially the same relation to the cells as a nation does to its citizens. He is a grand composite, not an individual. To deal with disease, then, one must aim to affect the cells of the organ which is involved. Professor Virchow's lecture in London early in the month was largely a reassertion of this doctrine.

Paracelsus, the medieval philosopher, conceived that life was the work of a special "spiritus," and acted upon matter from without as upon a machine. Francis Glisson, as Professor Virchow remarked the other day, was one of the first scientific men to teach

that life was inherent in matter. Unfortunately, said the lecturer, Glisson failed to distinguish between animate and inanimate matter. He regarded "irritability" or the disposition to respond in some ways when excited by touch or otherwise, the chief characteristic of matter.

Another old school of scientists held that the seat of life was the blood, and that all disease was caused by trouble with that fluid. This theory, known as "humoral pathology," was discarded by Huxley and Virchow at about the same time. Huxley was then studying life in the Charing Cross Hospital, where fifty years later the now venerable German biologist offers tribute to his memory.

Professor Virchow added: "The greatest difficulty in the advance of biology has been the natural tendency of its disciples to set the search after the unity of life in the forefront of their inquiries. Hence arose the doctrine of vital force, an assumption now discarded, but still revealing its influence from time to time in isolated errors. No satisfactory progress can be made till the idea of highly organised living things as units has been set aside; till it is recognised that they are in reality organisms, each constituent part of which has its special life. Ultimate analysis of higher animals and plants brings us alike to the cell, and it is these single parts, the cells, which are to be regarded as the factors of existence. The discovery of the development of complete beings from the ova of animals and the germ cells of plants has bridged the gap between isolated living cells and complete organisms, and has enabled the study of the former to be employed in elucidating the life of the latter. In a medical school, where the teaching is almost exclusively concerned with human beings, this sentence should be writ large: 'The organism is not an individual, but a social mechanism.' Two corollaries must also be stated—(1) that every living organism, like every organ and tissue, contains cells; (2) that the cells are composed of organic chemical substances, which are not themselves alive."

PROFESSOR SCHWANN'S MISTAKE.

In amplifying the cell theory, the lecturer remarked that Schwann, a famous German physiologist, who died in 1882, erred in supposing that certain growths of a diseased character, if not of healthy tissue, could proceed freely without any parental cells. This belief ignored the distinction between living and nonliving matter, and amounted to "spontaneous generation." But by long observation and experiment Professor Virchow was able to extend to disease a maxim that was already well established otherwise, that all life must come from antecedent life. Or, to put the idea in modern language, every cell owes its origin to some other cell.

It is admitted that a large class of diseases are the product of microbes, or parasites, that invade the system. But apart from infection, Professor Virchow attributes disease to the inherited properties of the cells of the organ affected. However, he is careful to avoid pushing the notion of inherited disease too far. He calls attention, for instance, to the once widely prevalent belief that

leprosy was transmitted from parent to child by heredity. But as soon as the specific microbe of leprosy was discovered, that idea was abandoned. It became evident that infection, not heredity, explained the later cases.

In regard to infection, the lecturer remarked that parasites act upon their victims in two ways. The larger ones (by which, perhaps, he meant cancers,) devour parts of their hosts, while the smaller ones secrete a virulent poison. The recognition of this latter fact has led to the brilliant work of Lister on the one hand, and to the introduction of serum therapeutics on the other.

The speaker referred at length to the benefits conferred on mankind by antiseptic surgery and closed as follows:

It remains for me to say a word concerning the other great problem, the solution of which the whole world is awaiting with anxious impatience. I refer to the problem of immunity and its practical corollary, artificial immunisation. It has already happened once that an Englishman has succeeded in applying this to the definite destruction of at least one of the most deadly infectious diseases. Jenner's noble discovery has stood its trial as successfully, except in popular fancy, as he hoped. Vaccine is in all hands; vaccination is, with the aid of governments, spreading continually.

Pasteur also labored with determination; others have followed him, and the new doctrine of antitoxins is continually acquiring more adherents. But it has not yet emerged from the conflict of opinions, and still less is the secret of immunity itself revealed.—*New York Tribune.*

ARGONIN IN MIDDLE-EAR CATARRH.

GRAY (*Texas Courier-Record of Med.*) says that he has found argonin more serviceable than boric acid in acute suppuration of the middle ear, especially where there are small perforations in the membrane, attended with high inflammation. He gives his experience in detail and concludes as follows: The advantages of argonin over boric acid in acute middle ear catarrhs may be thus briefly summarised:

1. Argonin solution is highly antiseptic; boric acid, if at all, very slightly so.

2. Argonin in solution can be forced through a small perforation in the drumhead, thus reaching every part of the tympanic cavity and Eustachian tube. In such a case boric acid lies inactive in the external auditory canal.

3. Argonin can be used to flush the middle ear and tube, thus reaching every part of the inflamed tract, carrying out with it all product of inflammation.

4. Argonin excites a decided and positive effect upon the suppurative processes. Boric acid possesses this power but feebly.

5. Argonin stimulates the closing of perforations in the drumhead. Boric acid has no such action.

Correspondence.

OSTEOPATHY vs. THE MEDICAL AGE.

DETROIT, Mich., October 31, 1898.

To the Editor Buffalo Medical Journal:

Sir—I hand you herewith copy of a communication which appears over my signature on pages 626 and 627 of the *Medical Age* for October 25th. I earnestly hope that in my determination to oppose uncompromisingly, in the courts and through every legitimate means at my command, a powerful faction of irregular practitioners, I may count on the approval and coöperation of your valued journal. Very sincerely yours,

WILLIAM M. WARREN.

The following is the communication referred to in the foregoing letter:

THE LIBEL SUIT OF WILLIAM SMITH, OSTEOPATHIST—A COMMUNICATION FROM THE PUBLISHER.

To the readers of the Medical Age:

Dr. William Smith, osteopathist, has a grievance against *The Medical Age*, and demands $25,000 damages.

The ground of his plaint is an editorial reflecting discredit on Dr. Smith, on the *Journal of Osteopathy* and on osteopaths in general. The subject is set forth editorially in *The Medical Age* of September 26, 1898, and a reprint of this editorial will be sent on application.

I need hardly assure any one familiar with the past record of the *Age*, that William Smith, M. D., D. O., has a large contract on his hands. His quest for damages is likely to prove futile, and his armor will need patching if it is to withstand the hard legal knocks that will be showered and battered upon it before he touches one dollar of the *Age's* money!

Pray do not fancy, however, that William Smith and osteopathy are to be lightly dismissed with the contempt that they merit. There is no use in blinking the fact that the lack of efficient organisation amongst reputable medical men has permitted the whole brood of quacks and charlatans to flourish apace. By the strangest irony of fate, osteopathy, in some respects the most grotesque of medical aberrations, has well illustrated Lecky's dictum that a small but cohesive and determined minority can exert a political influence wholly disproportioned to its real weight and numbers.

In Kentucky, thanks to the resolute leadership of a handful of physicians, ably guided by Dr. Mathews, the osteopaths have been

driven from the state. Not so, however, in Missouri or—I blush to say it—in Michigan, Vermont, North Dakota, South Dakota, Illinois, Colorado and North Carolina (*American Medico-Surgical Bulletin*). In these more lax and indulgent communities osteopathy boasts its numerous followers, its "schools of instruction," its periodicals of propaganda, its political influence in legislation, its shameful immunity from the penalties by which society properly seeks to rid itself of quackish parasites.

Emboldened by its success, osteopathy now enters the courts and offers battle to a medical journal which disputes its respectability. The challenge is accepted. In the interest of science, in defense of ethical and honorable medicine, in defiance of a quackery that constitutes a deep disgrace to an enlightened age and a stain on the communities which give it shelter, the *Age* proposes to maintain its position and to continue its denunciations of the ignorant pretenders who fatten on the sufferings of the credulous and confiding.

Having put my hand to the plow in this uncompromising fight with quackery, I beg leave to assure you that there will be no turning back.

I need not point out the bearings this contest must have on the interests of legitimate medicine, and I earnestly hope that the *Age* may count on the moral support and commendation of the entire profession.

Faithfully yours,

WILLIAM M. WARREN.

[We are more than glad to publish the foregoing in full in the hope that it may aid in calling attention to a subject that is of the utmost importance both to physicians and journalists—editors and publishers. The fact is that there are a number of these osteopathic fakirs practising medicine in this state—even in Buffalo—without license, and in open violation of the law. When our District Attorneys can nerve themselves to the attack we shall hope these and others, even of the regular profession, who are defying our practice law will be brought to bay and made to pay the penalty of the statute for their unprofessional actions. We warn all such, whether regulars or irregulars, that their time is coming—even near at hand. No man can legally practise medicine in this state unless he is *duly registered* and the law points out how this must be done.

To return to Mr. Warren's libel suit, we cannot doubt that he will make a successful defense against this latest and lowest form of pathy. Moreover, we hope the Michigan court that hears the case will draw the line sharply between regular medicine and fakes.—EDITOR.]

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

EDITORS:

THOMAS LOTHROP, M. D. - - WM. WARREN POTTER, M. D.

All communications, whether of a literary or business nature, should be addressed to the managing editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

VOL. XXXVIII. DECEMBER, 1898. No. 5.

HAROLD FREDERIC AND CHRISTIAN SCIENCE.

THE death of Harold Frederic, the literateur and newspaper correspondent, which occurred in London, October 19, 1898, while under the care of some of the apostles of Christian science, so-called, has occasioned a profound sensation, not only in England, but throughout the United States where the distinguished writer was well known and had many friends. The circumstances attending his sickness and death are briefly as follows: he had been in poor health for some time, but it was not believed that the malady was necessarily a fatal one, though its precise nature does not appear. He was attended by a regular physician for a time, who made a favorable prognosis. Soon, however, he was influenced to dismiss his physician and employ a christian science healer who, it is needless to add, was a woman. She "threw medicine to the dogs," completely changed the whole management of the case, and substituted the empty nothingness of the fake healer for the substantial ministrations of scientific medicine. Soon afterward Mr. Frederic died and the persons responsible for the change and who pretended to minister to him were arrested. A London despatch, dated November 8, 1898, says:

> The coroner's jury which has been investigating the death, on October 19th last, of Harold Frederic, the late correspondent of *The New York Times*, rendered a verdict today of manslaughter against Kate Lyon, a member of the late Mr. Frederic's household, and Mrs. Mills, a Christian scientist.

Mr. Frederic was born at Utica, N. Y., August 19, 1856. He received his early education in the common schools of Utica, and began his lifework as a draughtsman, next became a reporter, then editor of the *Utica Observer*, afterward editor of the *Albany*

Journal and went to Europe in 1884 as correspondent of the *New York Times*, in which work he continued until his death. He became noted in the world of fiction as a graphic and forceful writer and published many books and sketches.

Frederic's most important newspaper work was done in connection with the cholera in Southern France and Italy. He told the cause of that disease and described the heroism of the sisters. Subsequently he went to Russia and wrote up the persecution of the Jews, for which he was practically driven out of that country and had never been able to return. He described also the funerals of the Emperor Frederick and of President Carnot.

That such an intelligent and well-informed man should become a believer, follower and victim of such hollow mockery as the misnamed medical fake, known as christian science, is only another illustration of the well-known fact that even great minds have their equally great weaknesses. It is only a step from the sublime to the ridiculous. That such a famous man should influence others to follow his lead is only natural, and but for the fact that the British law courts will step in to interpret the system in this instance and place it before the people at its true value, no doubt many converts to this fetich would follow this remarkable espousal of a medical religion.

The chief interest in this matter now centers around the possible legal outcome at the trial. English law usually is not slow to apprehend or punish criminals. In the United States it seems difficult to obtain convictions in similar cases. The sympathy of a jury and the weakness of the bench often combine to render adequate punishment a rare sequel. In Kentucky the practice of medicine has been well defined to be any ministration that pretends to offer to cure bodily ills for pay. But, too often, either the court itself or some of the jurors fancy they have been benefited by christian science, hence convictions are not easy. Even lawyers of reputation for intelligence on ordinary subjects become believers in this weak combination of medicine and religion, and are willing advocates of the "oppressed" defendant.

We shall watch the progress of the prosecution of these "Sisters" in the Frederic case with much interest, not doubting the ability of the English courts to mete out swift and adequate justice.

DR. NICHOLAS SENN, sometime Lieutenant Colonel U. S. Volunteers and Chief of the Operating Staff of the Armies in the field, complained that he did not receive more than two letters in Cuba out of

more than 200 written to him, the inference being that the department was at fault.

From a report of the operations of our postal service in and around Santiago, Cuba, that has lately been submitted to First Assistant Postmaster-General Heath by Postal Agent Louis Kempner, in charge at Santiago, we learn some interesting facts bearing on the subject, and showing that the government had done its whole duty in attempting to establish an army mail service.

Mr. Kempner shows that on the 23d of June, before the landing of General's Shafter's invading army had been half accomplished, agents of the post office department had opened a post office in the abandoned headquarters of the Spanish garrison at Baiquiri. The first postal agent assigned to this duty, Mr. Eben Brewer, laid down his life in the service. On the 26th of June the pioneer army mail from Cuba to the United States was put on board the dispatch boat Dolphin. Three days later nearly 300 sacks of mail matter were delivered at Baiquiri, more than half of it addressed to the volunteer regiments in the Fifth Army Corps, viz. : The Rough Riders, the 71st New York and the 2d Massachusetts Volunteer Infantry, then on their way to the fighting line.

Postal Agent Brewer determined that this mail should be delivered at any cost. Finding it impossible to secure army transportation he bought a horse, hired a Cuban with a pony, loaded both the animals with mail sacks and, with the Cuban for a guide, started through the jungle for the front. He succeeded in delivering his mail and then remained four days longer under fire, aiding in carrying the wounded from the field and in attending them in hospitals.

One hundred and twenty more sacks of mail from the United States were delivered at Siboney on July 10th and four clerks arrived to reinforce the slender postal force, which in the meantime had been slightly augmented by details of enlisted men from the Army, and of this force Mr. Kempner took charge. When the yellow fever infected buildings at Siboney were ordered burned by the military authorities, every piece of mail matter was saved, although the postal employees had to submit to the destruction of their own clothing and personal effects. Prompt measures were taken to disinfect the mails and service was resumed after only a brief interruption.

MAJOR A. H. APPELL, Surgeon U. S. Army, who is well known in Buffalo, where he was stationed for some years, recently made an official report to the Surgeon General of his observations in Cuba.

He used plain words and placed some things in a different light from that in which they had formerly been viewed. Among other things he said :

While the relief associations did excellent work during the latter part of the war, in the emergency of the campaign at Santiago the medical department of the Army was our sole reliance and it required all the training and experience of the regular medical officers, with the Fifth Corps, few enough in number, to meet the emergency.

There was no lack whatever of necessary medical and surgical supplies. But after the Battle of Quasina when we brought the wounded down the hill at Siboney, they were woefully lacking in change of raiment, having landed with but the clothes they had on their backs, which were torn into rags, covered with mud, saturated in many instances with blood from their wounds.

The steamer State of Texas, chartered and loaded with supplies of all kinds by the Red Cross Association, with Miss Clara Barton on board, about this time came to anchor at Siboney. Accompanied by my executive officer, Lieut. D. C. Howard, I called upon Miss Barton, explained to her the situation and asked her whether she could supply these men with clean underwear and pajamas. The president of the National Red Cross Society received me most cordially, showed me the cargo manifest of the State of Texas, wherein there were listed numerous boxes of clothing, but stated that the supplies were not for the soldiers; it was the government's business to look after them, not the business of the Red Cross and that all the supplies in her charge were for the Cuban reconcentrados and all would be held until it was possible to deliver them to these people.

There were at that time a number of surgeons on board the State of Texas and four trained nurses, but although we were working night and day taking care of the sick and wounded, no assistance was given by them until some days afterwards, when our own men were ready to drop from fatigue.

My mission, so far as the Red Cross ship was concerned, was a failure. The net result was a society tract, which Miss Barton kindly presented to me. As I was leaving the ship I was requested to accept a few bottles of malted milk. About a month later I received a communication from the accountant of the association requesting a receipt for the same as a basis upon which to make claim upon the Government for reimbursement.

A GOOD place for christian scientists has at last been found. The Rev. Thomas R. Slicer, pastor of All Souls Church, formerly of the Church of Our Father, Buffalo, responded to the toast, " Our Forefathers," at a dinner given by the society of Mayflower Descendants, on Tuesday night, November 22, 1898, at the Waldorf-Astoria, New York, during the course of which he said :

We have in this country several groups of people who need transplanting. Take the islands of the Philippines. To one of these let us send, for instance, the Single Taxers. There they can begin at the bottom and work out their salvation on virgin soil. On another, with a space of water between, we can put Col. Bryan and his friends. We can probably find one of the islands with a silver

deposit. There are martyrs of all kinds in America. Send them on a modern Mayflower to the Philippines. It would give them peace and leave us to enjoy life. Social Democrats, Christian scientists, silverites and all—give them an island apiece and let them grow.

THE Cleveland *Journal of Medicine* in its issue for October, 1898, publishes an appropriate apology for the part played by some of its citizens in contributing to the death of Dr. George W. Lindheim. We quote the *Journal's* own words as follows:

We of this city should bow our heads in shame over the death in New York, September 16th, of Dr. George W. Lindheim, a Red Cross surgeon. Early in September he passed through Cleveland in charge of a train having on board the sick of the Eighth New York Volunteers. The superintendent of the Huron Street Hospital and several physicians were at the station, saw the sick on the train and said it was a crime not to put them in hospitals here. Dr. Lindheim said he had them all well in hand, and as they had come so far and were so near home it would be best to continue. For this, our local papers and some physicians criticised him most bitterly and unjustly. Not a man under his care died, as the sequel shows, but heroic overwork and worry over the unjust attacks upon him emanating from this city so undermined his health that he became infected with typhoid fever, and died raving against his unjust accusers. It is no exaggeration to say that Dr. Lindheim was murdered by the sensational journalism of the day.

It is now in order for the Buffalo *Express* to don its sack-cloth-and-ashes suit.

THERE are those who will not be convinced no matter what the character of the evidence submitted to disprove their convictions, regarding the conduct of the war or the condition of the military camps. For instance, a few weeks ago General Wheeler testified before the investigating commission that the camp at Montauk—Camp Wikoff—never was surpassed in its appointments, military and medical. On the 17th of November, Col. W. H. Forwood, Assistant Surgeon-General reiterated the statement and gave details showing why this was the case. Among other things he said:

As a matter of fact hospitals never were so abundantly supplied. The army rations were supplemented by everything that could be found in the larder of the Waldorf-Astoria, including roast turkey, pheasants, squabs, lambs, sheep, pigs, game of all kinds, pate de foie gras, mineral waters, the finest champagnes and liquors. At one time he had noticed eight barrels of brandy and a large number of cases of wine. There was so much apollinaris water that it was in the way and when a nurse came for a bottle they would offer her a case.

He said the newspaper men at the camp were gentlemen, but they appeared to be under orders to criticise the camp. He knew of two instances in which the

reporters had received orders to "roast everything." He had told them not to spare where they found criticism justified.

In conclusion Dr. Forwood said that many patients, who had been removed by their friends, had died and that in many instances their deaths were due to the kindness of those who had taken them in charge.

Even after such undisputed evidence the newspapers and the people in considerable numbers are still growling.

THE Medical Society of the County of Kings laid the corner stone of its new building, now in process of erection, on Grant square, Brooklyn, November 10, 1898. The following order of exercises was observed: Opening of the meeting, Frank E. West, A. M., M. D., chairman of the building committee; invocation, Richard S. Storrs, D. D., LL. D., president of the Long Island Historical Society; The Society's work, George MacNaughton, M. D.; Laying of the corner-stone, Joseph H. Hunt, M. D., president of the society; Address, Seth Low, LL. D., president of Columbia College; Benediction, Rev. Father Malone, S. T. D., regent of the University of the State of New York. The society is to be congratulated upon its progress.

THE *Richmond Journal of Practice* in its issue for November, 1898, asks the question: shall it be "surgical interference" or "surgical intervention?" and then proceeds to answer it very appropriately in the following manner:

We have never understood why authorities in surgery use the word "interference" when speaking of operative or surgical treatment. When a surgeon performs an operation for the correction of a deformity, the mitigation of pain or the saving of life, does he mean to say that he interferes? If it be interference, then he is culpable; but certainly no operator will plead guilty to the charge of doing meddlesome surgery, and the inevitable conclusion is that the term "surgical interference" is a misnomer. Whenever we read it in text-books or in current literature, we feel like substituting the word *intervention* for "interference," using the word intervention in the sense of interposition, or better still, mediation—a coming between for a friendly purpose. The word interference suggests the idea of collision, clashing, opposition, officiousness, intermeddling, etc.

According to Webster: "A man may often *interpose* with propriety in the concern of others; he can never *intermeddle* without being impertinent or officious; nor can he *interfere* without being liable to the same charge, unless he has rights which are interfered with."

Let us see what Trench has to say. We quote: "In our practical use, *interference* is something offensive. It is the pushing in of himself between two parties on the part of a third who was not asked, and is not thanked for his pains, and who, as the feeling of the word implies, has no business there; while interposition is employed to express the friendly, peacemaking mediation of one whom the act well became, and who, even if he was not specially invited thereunto, is still thanked for what he has done."

A few days ago we suggested this improved phraseology to two of our surgical friends, both of whom are teachers of surgery and liberal contributors to surgical literature. They agreed with us that the point was well taken, and announced it as their intention to adopt the suggestion. Speaking for ourselves, this journal will hereafter use the term surgical *intervention* instead of surgical interference, and we shall hope to see its general adoption by surgical writers.

A MEMORIAL to Dr. John Blair Gibbs, in the form of a tablet, was unveiled at Rutgers College, New Brunswick, N. J., November 10, 1898. Dr. Gibbs, who was serving with the Marine Corps at Guantanimo, it will be remembered was the first medical officer killed in action during the war with Spain. The tablet was presented by Professor Robert W. Prentice, of Rutgers, a classmate of Dr. Gibbs, on behalf of the class of '78, which erected the tablet, and the principal address was most appropriately made by Surgeon General William Van Reypen, United States Navy.

The death of Dr. Gibbs has been further commemorated by naming the hospital at Camp Hamilton, Lexington, Ky., the John Blair Gibbs Hospital. The trustees of Mount Lebanon Hospital at New York have also erected a tablet to his memory.

THE New York Chamber of Commerce most appropriately has decided to create a fund of $100,000 as a memorial to Colonel George E. Waring, Jr. The income of this fund will go to Mrs. Waring, and at her death a permanent memorial, perhaps a hospital, will be established in testimony of Col. Waring's sterling worth and integrity as a citizen, and for the conspicuous services he rendered the country and especially to the City of New York.

THE first honest newspaper correspondent to appear before the War Investigation Commission seems to be Mr. James J. F. Archibald, a San Francisco newspaper man, who was with the First Regular

Infantry throughout the war and who testified, November 23d, as to conditions in Cuba. He said he had volunteered to appear before the commission to correct some published statements regarding hardships resulting from lack of food. He had much experience campaigning with the regular troops in the west and they had always had a harder time out there than they did before Santiago. The only reason the Volunteers suffered was because of their inexperience. They did not know how to get out and hustle for rations.

All honor to Mr. Archibald. Now let some of the newspapers so anxious to publish all that bears on the other side give editorial prominence to this paragraph.

PERSONAL.

DR. A. H. BRIGGS, late Major-surgeon of the Sixty-fifth Regiment, and Captain E. L. Ruffner and Harry A. Mead, assistant surgeons, have been mustered out of the United States service, and have resumed the practice of medicine. Dr. Briggs's office and residence is at 267 Hudson street; Dr. Mead's at 758 Elmwood avenue, and Dr. Ruffner's at 181 Allen street.

DR. JAMES T. JELKS, of Hot Springs, Ark., editor of the Hot Springs *Medical Journal*, and one of the most prominent physicians in the southwest, recently spent a few days in Buffalo and Niagara Falls. Dr. Jelks was on his way east to enjoy a vacation and a visit to the principal medical centers.

DR. GROSVENOR R. TROWBRIDGE has established his office at Suite No. 416, Ellicott square. Hours, 11-1 and 2-4. Telephone, Seneca 268. His residence remains at 1331 Main street. Telephone, Bryant 2813.

DR. JOSEPH D. BRYANT, of New York, was elected president of the New York State Medical Association at its last meeting in that city. The association did itself much credit in this selection of a presiding officer.

DR. T. M. CROWE, of Buffalo, has removed his offices from 703 Elk street to 847 Ellicott square. Hours, 9-10 a. m., 2-4 and 7-8 p. m. Day calls, telephone, Seneca 970. Night calls, Seneca 41.

DR. GEORGE GILLETT THOMAS, of Wilmington, N. C., has been appointed Chief Surgeon of the Atlantic Coast Line railway system. Dr. Thomas is an accomplished surgeon, and his selection is a credit to the great railway that has chosen him.

ACTING Assistant Surgeon Nelson W. Wilson, by a recent order of the War Department, is assigned to duty as examiner of recruits at Buffalo, in addition to his duties as assistant to the Surgeon at Fort Porter.

MAJORS C. FRANK BRUSO and Francis T. Metcalfe, of Buffalo, Brigade Surgeons, U. S. Volunteers, have been mustered out of the military service, their services being no longer required.

DR. THOMAS H. MCKEE, of Buffalo, U. of B. '98, has been appointed house surgeon at the Riverside Hospital.

DR. MONTGOMERY A. CROCKETT, of Buffalo, announces his resignation as gynecologist to the Riverside Hospital.

OBITUARY.

DR. HARRY A. POWERS, of Buffalo, died at the Fitch Hospital, October 24, 1898, aged 28 years. The circumstances attending the tragic death of this bright and promising young physician are indeed painful. It appears that of late he manifested a disposition to brood over trifles and became despondent without apparent cause. He was prospering in his profession to an unusual degree for a young physician. However, late Saturday evening, October 22d, he took twelve grains of morphine, as has since been ascertained, or as he himself announced at the time. Immediately medical aid was summoned, but meanwhile, desperately determining to end his life, Dr. Powers had shot himself three times with a revolver, the pistol and three empty shells testifying to the sad deed. Dr. Grosvenor R. Trowbridge, who came to his succor, found the wounds and evidences of morphinism present. Next morning Dr. Trowbridge had his patient removed to the Fitch Hospital, where Dr. Powers had formerly performed service as house surgeon. He lingered until 7

o'clock p. m. Monday—nearly forty-eight hours after taking the poison and inflicting the wounds—when he passed away.

Dr. Powers was a native of St. Johnsbury, Vt., graduated at Dartsmouth College, and then came to Buffalo to obtain his medical education, receiving his doctorate degree from the University of Buffalo in 1895. He located here for practice, and his father and mother, who were members of his household, deserve and receive a widespread sympathy in their affliction.

Dr. Francis L. Haynes, of Los Angeles, Cal., died at his home on Tuesday, October 18, 1898, aged 48 years. He was an alumnus of the University of Pennsylvania, class of '70, and was engaged in the practice of his profession at Philadelphia for several years. He removed to Los Angeles in 1887 on account of a threatened pulmonary disease. Soon after he was elected professor of gynecology in the Medical college of the University of Southern California, and, notwithstanding his continued ill health, he soon became recognised as one of the most skilful and scientific surgeons and physicians on the Pacific coast. In surgery, he was the apostle of antisepsis in Southern California, and by his untiring efforts did much to introduce and encourage here surgical Listerism, or surgical cleanliness. He was credited with being the first in Southern California to perform several of the most important radical operations known to modern surgery. His friends were many and their grief was keen when the end came to this distinguished physician.

Robert C. Turner, a sophomore student of the Medical Department of the University of Buffalo, died at the Buffalo General Hospital, November 18, 1898, aged 21 years. His illness was brief; he was seized three days before his death with a malady that has been nominated Landry's paralysis. He was a promising student, beloved by his associates and teachers. All devoted themselves faithfully to his service in hopes of averting a fatal issue. His remains were taken to his home at Basle, St. Lawrence county, N. Y., for interment.

Dr. A. E. Willard, of Friendship, Allegany county, N. Y., died at his home in that village, November 20, 1898, aged 67 years. He was one of the most respected physicians in the Southern tier, and had conducted a successful practice since his graduation at the Buffalo

University in 1864. His father, Dr. E. H. Willard, settled in Friendship in 1841 and practised medicine until his death in 1886. He represented Allegany county in the Assembly in 1849.

Dr. A. E. Willard had been secretary of the Medical Society of Allegany county for fifteen years, and was withal a prominent citizen of that region. He is survived by a widow and two daughters. His funeral, held November 22d, was largely attended by the most prominent residents of the vicinity.

SOCIETY MEETINGS.

THE third Pan-American Medical Congress has been postponed, as will appear by the following correspondence: International Executive Commission of the Pan-American Medical Congress, office of the secretary, Cincinnati, November 5, 1898. My dear Sir—I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, chairman of the committee on organisation of the third Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the congress previously appointed to be held in Caracas in December, 1899. The following communication relative to the same subject is just at hand: Caracas, September 25, 1898. Dr. Charles A. L. Reed, Secretary of the International Executive Commission, Cincinnati, Ohio. Dear Sir—After having sent my communication, dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by small-pox, which has taken up all our physicians' activities and time, depriving them of going into scientific work. As that state of mind of our people and government, after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order that you will convey it to the International Executive Committee, that our government and this commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned to one year later. I am, dear doctor, yours respectfully, The President. (Signed) Dr. José Manuel de los Rios. In accordance with the request of the government of Venezuela, and of the committee on organisation, the third Pan-American Medical Congress is hereby postponed to meet in Caracas in December,

1900. For the International Executive Commission, Charles A. L. Reed, Secretary.

THE Buffalo Academy of Medicine held meetings during the month of November, 1898, as follows:

Section on Surgery.—Tuesday evening, November 1st, program: Gonorrhea, by W. H. Heath; discussed by Drs. Harrington and Green. Surgical kidney, by M. Hartwig; discussed by Drs. Park, Heath, Parmenter and others.

Section on Medicine.—Tuesday evening, November 8th, program: The hypertrophic form of infantile palsy, by Dr. L. Pierce Clark, Craig Colony, Sonyea, N. Y. Myxedema, acromegaly and giantism, by Floyd S. Crego. Some etiological factors of nervous diseases, by James W. Putnam.

Section on Pathology.—Tuesday evening, November 15th, program: Carcinoma of the duodenum, by Charles D. Aaron, of Detroit, Mich. On the origin of vertigo, by Charles G. Stockton.

Section on Obstetrics.—Tuesday evening, November 22d, program: Multiple pregnancy, by Thomas F. Dwyer. Use of Catgut in Surgery, by C. C. Frederick. Placenta previa, specimen presented, by Dr. Brennen, interne of Erie County Hospital.

THE Lake Erie Medical Society held its regular quarterly meeting at Dayton, N. Y., November 11, 1898. The following program was observed: Albuminuria in pregnancy, W. J. French, M. D., Hamlet, N. Y.; Presentation of cases by several members; Coccygodnia, J. E. Holden, M. D., Cattaraugus, N. Y.; Subject unknown, Fred Beals, M. D., Salamanca, N. Y.

THE New York State Association of Railway Surgeons elected the following officers at its last meeting: President, Theodore D. Mills, Middletown; vice-president, J. L. Eddy, Olean, and G. N. Hall, Binghamton; secretary, C. B. Herrick, Troy; treasurer, H. P. Jack, Canisteo.

THE American Public Health Association at its last meeting elected the following officers for the ensuing year: President, George H. Rohé, Sykesville, Md.; first vice-president, Henry Mitchell, Asbury

Park, N. J.; second vice-president, J. E. Monjaras, San Luis Potosi, Mexico; secretary, C. O. Probst, Columbus, O.; treasurer, Henry D. Holton, Brattleboro, Vt.

THE Esculapian Club, of Buffalo, will hold its December meeting at the house of Dr. Charles E. Congdon, 1034 Jefferson street, at which Dr. W. B. Saltsman will read a paper.

Book Reviews.

THE SURGICAL COMPLICATIONS AND SEQUELÆ OF TYPHOID FEVER. By WILLIAM W. KEEN, M. D., LL. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc., etc. Five plates and nine engravings. Philadelphia: W. B. Saunders. 1898.

A few months ago in a review of a text-book dealing with general surgery, published in the JOURNAL, it was suggested that future surgical writings should be confined to monographs dealing with one phase of a special subject. No better illustration of this idea could be furnished than by this volume of Dr. Keen's, which is exhaustive and perfect and invaluable to the general practitioner, as well as to the surgeon, dealing as it does with a matter which concerns them both, and which forms a part of their every-day practice. Typhoid fever, experience has shown, is as much within the province of the surgeon as the general practitioner, for while the latter very properly deals with the expression of the fever itself, to the former belongs the after-effects; the gangrene, the joint and bone affections, the abscesses, the ear and glandular troubles, the intestinal perforations and the specific mixed infections.

This work sheds a brilliant light on various phases of typhoid and brings out into sharp relief many things in connection with this very common infection which are too often overlooked; if not overlooked, then too often slighted by the general practitioner, who makes it no part of his business to wield the knife.

The Spanish war with its attendant crop of camp complaints, chief of which, owing to incompetency—not of the Surgeon General or his medical purveyors, but of regimental commanders of volunteer organisations—is typhoid fever, is a most excellent and vivid illustration of the work and its object. The surgical complications and sequels of typhoid have been overlooked long enough, and the work is particularly valuable at this time when soldier wrecks of typhoid fever are wabbling about in every corner of the land, veterans of a war, and victims of their own carelessness and the inefficiency of their immediate superiors.

The volume, so far as literary merit is concerned, is almost beyond criticism. It is seldom one finds in a scientific work so much

that is really able and brilliant from a literary view-point. Each division is taken up and carried out to a conclusion with masterly grace and pleasing pen picturing.

The work is based upon tables of 1,700 cases compiled by the author and Dr. Thompson S. Westcott, instructor in diseases of children, University of Pennsylvania, and most carefully has this work been done. The field has been gleaned and not a straw has escaped the gleaners. Incorporated in the book is a chapter on the ocular complications of typhoid fever, by Dr. George E. de Schweinitz, of Philadelphia. As an appendix is given the Toner lecture, No. V., delivered by Dr. Keen in 1876, on the Surgical complications and sequelæ of the continued fevers. An idea of how large a rôle the complications and sequels of typhoid play is shown in the introduction, wherein it is stated that of 2,000 fatal cases tabulated, 24 per cent. died of typhoid infection *per se* and 76 per cent. from the various medical and surgical complications and sequels.

The pathology of the surgical complications and sequels is taken up in the opening chapters, the typhoid bacilli and its viability, inside and outside the body, is described; as is their wide diffusion in various organs and tissues of the body. Then mixed infections are considered, the pyogenic faculty of the bacilli is proved, and this is followed by a description of typhoid infection of different organs without typical typhoid lesions in the intestines. This is a most important section of the early days, dealing as it does with matters which are largely surgical. Then comes the chapters which deal distinctly with the sequels and complications. Gangrene being one of the earliest sequels is first considered. This condition obtains between the fourteenth and forty-ninth days, most commonly in the second and third weeks. Embolism and thrombosis are minutely considered, and the whole is illustrated with splendid plates in half-tone and numerous clinical reports and descriptions.

Under the general heading of typhoid affection of the joints are considered, rheumatic and septic typhoid arthritis and typhoid arthritis proper and dislocations of the hip-joint. The latter phase is given considerable space, and proof of joint infection is given in a few of the cases cited; but Dr. Keen is by no means satisfied with the findings and expresses the hope that the near future will bring forth definite conclusions regarding the rôle of the typhoid bacillus in joint affections. Typhoid affections of the bones and typhoid abscesses are thoroughly discussed, as are the hematomata and the cerebral complications, the latter being illustrated by half-tone reproductions of microscopical sections. Glandular and laryngeal affections and the typhoid affections of pleura, lungs and heart and of the esophagus and stomach are valuable studies, including as they do complete reports of cases illustrative of the widespread pyogenic power of the typhoid bacillus.

Special reference should be made to the chapter on intestinal perforation, which is a masterpiece. Beginning with a brief historical sketch of surgical interference it considers the frequency of

perforation and the statement is made that in children it is rare; that it is more frequent in men than in women. The greatest number of perforations occurred in patients between twenty and thirty years of age; the largest number occurred in the third week. Among many other points of importance and interest considered are: duration of life after perforation and the importance of the presence or absence of leucocytosis. The dangers of surgical interference are considered calmly and impassionately. Statistics and half-tone illustrations complete a most valuable addition to surgical literature.

Liver, gall-bladder and spleen are taken up and their typhoid affections minutely described and carefully considered, and Dr. Keen's portion of the work concludes with a chapter on the specific mixed infections, which is up to the general high standard of the entire work.

Dr. de Schweinitz's chapter on the ocular complications is exhaustive and is in itself a most valuable contribution to medical literature. Every phase of the matter in hand is touched upon, even to the medico-legal point regarding the responsibility of a general practitioner and his liability for failure to call in a specialist in the event of eye complications arising.

The final chapter of conclusions is one of the most carefully prepared and interesting sections of the whole book.

The Toner lecture is too well known to need more than a passing reference. Everything in the work has been brought right up to the time of going to press, and in every chapter one finds after a general consideration, a description of pathology, symptoms, cause, duration and treatment of the complication in question. Certainly would American surgical literature be enriched if all writers were to follow Dr. Keen's example and confine themselves to brainy monographs, leaving the literary hash of general text-books to the hacks who manufacture public school books on scientific subjects.

N. W. W.

A MANUAL OF GENERAL PATHOLOGY. For Students and Practitioners. By WALTER SIDNEY LAZARUS-BARLOW, M. D., M. R. C. P., late Demonstrator of Pathology in the University of Cambridge, etc. Octavo, pp. xi.—795. Philadelphia: P. Blakiston's Son & Co. 1898.

This work must be estimated for its handling of the subject of general pathology, and not confounded with the usual treatise on pathological anatomy. The latter receives much completer attention at the hands of teachers than the former, hence, as a rule, students acquire more knowledge of morbid anatomy than they do of general pathology. The author is most conscientious in handling his subject, and gives all the most recent references at the close of his chapters.

This, then, is essentially a treatise on the pathology of function rather than that of structure, hence deserves the most careful study by the student who would acquire the best knowledge. The author's chapter on vegetable microörganisms is well written, and that on the

pathology of inflammation has been only rarely equaled. His style is attractive, and his rhetoric charming. These are important, for a dry subject clothed in an elegant diction becomes at once a pleasant study, whereas otherwise it might be neglected.

The general pathology of new growths as set forth in this book deserves the highest praise. Moreover, it is one of the important fields for a student to pursue, for some phase of the subject is presented in every-day practice. That part of the book devoted to the consideration of morbid secretions and excretions, too, is deserving of careful study on account of its practical bearing on patients met almost daily by the general physician.

Taken all in all we have not lately met a book that has so nearly filled " a long felt want " as does this one, and we have nothing but praise to offer in its behalf. We should like to see it in the library of every practising physician.

MANUAL OF THE DISEASES OF CHILDREN. By JOHN MADISON TAYLOR, A. M., M. D., Professor of Diseases of Children, Philadelphia Polyclinic; Assistant Physician to the Children's Hospital and to the Orthopedic Hospital; Consulting Physician to the Elwyn and the Vineland Training Schools for Feeble-Minded Children; Neurologist to the Howard Hospital, etc.; and WILLIAM H. WELLS, M. D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; late Assistant Demonstrator of Clinical Obstetrics and Diseases of Infancy in Jefferson Medical College. With 60 illustrations. 650 pages. Philadelphia: P. Blakiston's Son & Co. 1898.

One takes up the work of Taylor and Wells with the feeling that it has an excuse for being written, in that such a book as it aims to be, a " brief but competent guide for the student and practitioner," is needed. Yet in reading it there grows upon one the regret that a book so well conceived and in some respects so well executed, should be marred so needlessly. The book covers the field of pediatrics as completely as a work of its kind can be expected to, laying particular stress upon treatment, which subject in the main is very satisfactorily handled. The manual in part is a compilation, and its most noticeable defects are due to haste or carelessness, or both, on the part of the compilers. For instance, a table giving the percentage composition of cow's milk is quoted from Rotch, the all-important proteid percentage being omitted. Again, the chapter devoted to milk modification appears in the index with the rather unsatisfactory title of the breeds of cows best adapted for infant feeding. To be sure these are trifling errors, but they are unnecessary. In diseases of the stomach the authors fail to make a distinction between acute gastritis and acute gastric indigestion, though on the whole the chapter on the diseases of the digestive organs is good. The paragraphs devoted to the care of the premature infant might better have been left out, being both inadequate and unscientific.

The authors are at their best when original, the chapter on physical development, in which the work of the compiler is not in evidence, being the best in the book and well worth reading. The

book has sufficient merit to warrant the prophecy of a second edition, from which the blemishes which mar the pages of the present shall be eliminated. M. J. F.

MANUAL OF DISEASES OF THE SKIN with an Analysis of 20,000 Consecutive Cases and Formulary. By L. DUNCAN BULKLEY, A. M., M. D., Physician to the New York Skin and Cancer Hospital; Dermatologist to the Randall's Island Hospitals; Consulting Physician to the New York Hospital, Hospital for Ruptured and Crippled and Manhattan Eye and Ear Hospital, etc. Fourth edition, revised and enlarged. G. P. Putnam's Sons, New York and London. The Knickerbocker Press. 1898.

Any work which bears on its title page the name of Dr. L. Duncan Bulkley is certain to receive a cordial reception. The book now before us is rewritten, enlarged and practically entirely new, in every sense an advance upon the editions which preceded it. Owing to its conciseness as well as its simple and elementary character, it appeals most strongly to the student and busy practitioner as a ready work of reference.

Dr. Bulkley writes as a practical man, sensible and unpretentious, concentrating his energies upon the discussion of diagnosis and treatment and does so with an authoritiveness which his almost unique experience of an analysis of 20,oco consecutive cases fully justifies.

The chapters devoted to the anatomy and physiology of the skin, symptomatology and etiology are admirable, as being carefully presented and up to date. The classification adopted is one promulgated by the author and like that of Hebra's is based upon pathological anatomy. Its simplicity is commendable. The concluding chapter contains a general consideration of therapeutics, in which the remedies and methods of treatment are formulated, and systematised in a manner suitable for use against conditions of disease specially defined in the text.

E. W.

A TEXT-BOOK UPON THE PATHOGENIC BACTERIA. For Students of Medicine and Physicians. By JOSEPH MCFARLAND, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia, etc., etc. Octavo, pp. 497. With 134 illustrations. Second edition, revised and enlarged. Philadelphia: W. B. Saunders. 1898.

This work, even in its self-limited scope, is one of the most satisfactory bacteriological text-books with which we are familiar. It does not cover the whole field of parasitology, but it does describe in scientific detail such bacteria as lesions or toxins have proven to be of a pathogenic character. This was the original design of the author and he has not materially changed his plan in this edition, though he has added considerably to the amount of technique which the former contained, hence it is made to fill the dual rôle of a systematic work upon bacteria and a laboratory guide as well. Some new chapters have also been added relating to the bacteriology of

mumps, whooping cough, yellow fever, and the like; also describing methods of determining the value of antiseptics and germicides and of determining the thermal death-point. The bacillus of tuberculosis receives, as might be expected, ample study, and the author proves most interesting in its consideration. The illustrations are, for the most part, of good quality, but their number might have been increased with benefit. Students will find this an excellent guide to bacteriological research and practitioners will gain in its pages just the information they need to aid in diagnosis.

SEVENTEENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Transmitted to the Legislature February 15, 1897. New York and Albany: Winkoop, Hallenbeck, Crawford Co., State Printers. 1898.

From this report we learn that there were 124,600 deaths in the state during the period which it covers, viz., the year 1896. This is a death-rate of 18.50 per thousand population. Of the deaths 28.5 per cent. occurred in the summer months, 25.7 in the spring, 24.3 in the winter, and 21.5 in the autumn. This is contrary to the popular belief, which accords the heaviest death-rate to the winter season. According to the report there has been during the last few years a steady diminution in the number of deaths from consumption in the maritime district, which includes the territory of Greater New York. This is solely attributable to the fact that the local boards of health in that district have recognised that the disease is infectious, and have taken rigid precautions to prevent its spread.

The present State Board of Health, under the presidency of Dr. Daniel Lewis, is doing efficient service, and should be supported in its endeavors to prevent the spread of disease and to limit and reduce the death-rate by all the power the executive, legislative and judicial branches of the state government can wield.

ELECTRICITY IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE NOSE, THROAT AND EAR. By W. SCHEPPEGRELL, A. M., M. D., Ex-vice-president American Laryngological, Rhinological and Otological Society; Vice-president Western Ophthalmologic and Oto-laryngologic Association; Late Assistant Surgeon to the Eye, Ear, Nose and Throat Hospital, New Orleans; Vice-president New Orleans Electric Society; Co-editor Annals of Otology, Rhinology and Laryngology; Associate Editor The Laryngoscope; Collaborator The Revue Internationale de Rhinologie, Otologie, et Laryngologie; Member American Academy of Medicine, etc., New Orleans, La. Octavo, 403 pages, 161 illustrations. New York: G. P. Putnam's Sons. 1898.

The author presents in this book a very complete survey of the uses and application of electricity in the diagnosis and treatment of diseases of the ear, nose and throat, including the means of generating and measuring it and a description of the instruments used. The literature of the subject has been liberally drawn upon, to which the author has added many original suggestions. Among the subjects carefully considered, the following are of special practical

interest—namely, illumination, trans-illumination, the electro-cautery, electrolysis, cataphoresis and auditory electro-massage. The work is a most useful contribution to this department of electro-therapeutics.

A. A. H.

QUIZ COMPEND. DISEASES OF THE SKIN. By JAY F. SCHAMBERG, A. B., M. D., Associate in Skin Diseases, Philadelphia Polyclinic; Dermatologist to the Union Museum Hospital, etc. Pp. 307; ninety-nine illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street.

This is a compact work for the special use of busy practitioners and students. The classifications followed is that of Duhring, which is acknowledged by all to be one of the best. Theories are excluded. One is impressed with the various points calculated to be helpful in diagnosis; especially that part which is directed to differential diagnosis, which is important to the student.

The proper treatment is suggested in a manner which allows of no misunderstanding. This is a great improvement upon average works of its kind. The purely original illustrations are of doubtful utility, as the characteristics of what they purport to represent are not properly brought out as they should be. We have no hesitation in claiming that the book as a compend, both from a scientific and practical point of view, is one of the best medical booklets yet published.

G. W. W.

TWENTY-SECOND YEAR BOOK OF THE NEW YORK STATE REFORMATORY. For the fiscal year ending September 30, 1897. With illustrations and tables. Elmira N. Y. 1898.

This interesting volume consisting of 148 octavo pages, amply illustrated and well bound is, in editing, typography, illustrations and binding, solely the product of the labor of the inmates of the institution. The report shows that of an average number of inmates, 1,498, there were admitted to the hospital during the year 232. Of this number sixteen died, ten deaths being due to consumption.

The reformatory has reached its limit of population and additional accommodations are urgently demanded. The legislature should not be slow or illiberal in dealing with the requirements of this excellent institution.

HANDBOOK OF MATERIA MEDICA for Trained Nurses, including sections on Therapeutics and Toxicology, and a Glossary of Terms, with Dose and Use of Each Drug. By JOHN E. GROFF, Ph. G., Apothecary in the Rhode Island Hospital, Providence. 12mo, pp. 243. Philadelphia: P. Blakiston's Son & Co. 1898.

The author has prepared a work for nurses which will be found of value by them, both in and out of the training school. It covers, in a brief and simple way, the entire field of materia medica, including weights and measures and the sources, preparations, dosage and the action of the principal officinal remedies. A chapter on toxicology is added which gives in case of the common poisons the prominent

symptoms as distinguished from the symptoms of disease. The book concludes with a glossary, containing a complete list of all the official drugs with the Latin and English name, medicinal use and dose of each. Each chapter is supplemented by a list of questions. One disposed to be critical might ask why convalluria is classed as a cardiac depressant, but on the whole the book is excellent.

M. J. F.

THE CARE OF THE BABY. By J. P. CROZER GRIFFITH, M. D., Clinical Professor of Diseases of Children, University of Pennsylvania. Second edition, revised. Duodecimo, 404 pages, with 67 illustrations in the text and 5 plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1898.

Dr. Griffith's book, the sub-title of which is a manual for mothers and nurses, is one of the best works of its kind that we have ever seen. The greater part of the book is devoted to the hygiene of infancy; the baby's toilet, clothes, food, sleep, exercise and training being some of the topics discussed. This part of the book might be read with profit by the young physician, who is often lamentably ignorant of the details of the hygiene of early life. The sick baby receives attention at some length, the proper management of minor ailments being given, together with such instruction regarding the more serious forms of disease, as will serve to secure the intelligent coöperation of the mother when occasion arises. The appendix contains many useful recipes, directions for giving various baths, preparation of poultices, and the like.

M. J. F.

TWENTY-FOURTH ANNUAL REPORT of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year ending June 30, 1898. Lansing. 1897.

Seven years before New York had a state board of health Michigan could boast of one of the best organised boards in this country. Dr. Henry B. Baker, of Lansing, is its secretary and it is doubtful if any state has in service a better sanitary officer. These reports are among the best issued, and in addition weekly, monthly and quarterly bulletins are sent out by the secretary, hence the people are kept advised of everything of importance pertaining to sanitary affairs within the borders of the state. The volume under consideration is full of interesting material for sanitarians and public health officers.

ATLAS AND EPITOME OF OPERATIVE SURGERY. By DR. OTTO ZUCKERKANDI, Privatdocent in the University of Vienna. Authorised translation from the German. Edited by J. CHALMERS DACOSTA, M. D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia, etc. Duodecimo, pp. 395. With twenty-four colored plates and 217 illustrations in the text. Philadelphia: W. B. Saunders. 1898.

This atlas is one of an excellent series and in and of itself possesses much merit. It is, as the author himself states, intended as an elementary work for students in the subject, but we see a useful

place for it in the library of a physician who does not practise surgery daily and needs, on occasions, a ready reference volume of anatomical landmarks and surgical technique. The colored plates are especially clear, and the text is concise as well as lucid. We regard it as an exceedingly useful book.

THE MEDICAL NEWS VISITING LIST FOR 1899. Weekly (dated for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated for 30 patients weekly per year); and Perpetual (undated for 600 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style is in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, $1.25. Thumb-letter index, 25 cents extra. Philadelphia and New York: Lea Brothers & Co.

This visiting list has been a favorite with the profession for some years, combining as it does so many good qualities. It is practical, convenient in size, well made and tastefully bound. In these days no physician can dispense with the use of a visiting list, hence it is only a question of which one he shall purchase. In addition to the usual daily record of patients this one contains among other things thirty-two pages of printed data of the most useful sort, including an alphabetical table of diseases with approved remedies, a table of doses, sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, a diagnostic table of eruptive fevers, and a full-page plate, showing at a glance the incisions for ligation of the various arteries, a valuable guide in such emergencies. Those physicians who have heretofore provided themselves with this book will be likely to continue to do so and others who may purchase it for the first time will not be disappointed in its usefulness.

THE PHYSICIAN'S VISITING LIST (LINDSAY & BLAKISTON'S) FOR 1899. Forty-eighth year of its publication. Sold by all booksellers and druggists. Philadelphia: P. Blakiston's Son & Co. 1898.

This visiting list is an old friend that appears with regularity and always in good form. Its table of contents embraces, inter alia, the metric system of weights and measures, table for comparative apothecary's weights and measures into grains, dose table, instructions for treatment of asphyxia and apnea, comparison of thermometers, and a table for calculating the period of utero-gestation. Besides these there is a variety of useful material and information desirable to have for handy reference. It is beautifully printed and durably bound. It is published in three forms—regular edition for from 25 to 100 patients a week, price, $1.00 to $2.25—perpetual edition, same as regular without dates for 1,300 to 2,600 names, $1.25 to $1.50—and monthly edition, which can be commenced at any time, price, 75c. to $1.00. We commend this excellent book to the busy practitioners of medicine as one of the most useful of its kind.

BOOKS RECEIVED.

Materia Medica, Pharmacy, Pharmacology and Therapeutics. By W. Hale White, M. D., F. R. C. P., Physician to, and Lecturer on Pharmacology and Therapeutics at Guy's Hospital, London; Examiner in Materia Medica to the University of London, etc., etc. Edited by Reynold W. Wilcox, M. A., M. D., LL. D., Professor of Medicine and Therapeutics at the New York Post-Graduate Medical School, and Attending Physician to the Post-Graduate Hospital, etc., etc. Fourth American edition. Thoroughly revised. Small 8vo, pp. 704. Price, $3.00. Philadelphia: P. Blakiston's Son & Co. 1898.

Human Anatomy. A Complete, Systematic Treatise by Various Authors. Including a Special Section on Surgical and Topographical Anatomy. Edited by Henry Morris, M. A., M. B., Lond. Senior Surgeon to the Middlesex Hospital; Examiner in Surgery in the University of London; Member of the Council and Chairman of the Court of Examiners of the Royal College of Surgeons of England; Honorary Member of the Medical Society of the County of New York. Illustrated by 790 wood cuts, the greater part of which are original and made expressly for this work by special artists, over 200 of which are printed in colors. Second edition, revised and enlarged. Royal 8vo pp. xxx.—1274. Price, cloth, $6.00. Philadelphia: P. Blakiston's Son & Co. 1898.

Transactions of the Pathological Society of Philadelphia. Vol. XVIII. Containing the Report of the Proceedings of the Society for October, 1895, to June, 1897. Edited by William S. Carter, M. D., Recorder of the Society. Octavo, pp. 493. Philadelphia: William J. Dornan, Printer. 1898.

International Clinics. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Deland, M D., (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital. David W. Finley, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume III. Eighth Series. 1898. Octavo, pp. xii.—355. Philadelphia: J. B. Lippincott Co. 1898.

A Manual of the Practice of Medicine. By Frederick Taylor, M. D., F. R. C. P. Physician to and Lecturer on Medicine at Guy's Hospital; Consulting Physician to the Evelina Hospital for Sick Children; Examiner in Medicine at the University of London, etc. etc. Fifth edition. Small 8vo, pp. xvi.—1002. Price, $4.00. London: J. & J. A. Churchill, 7 Great Marlborough St. Philadelphia: P. Blakiston's Son & Co. 1898.

A Pocket Medical Dictionary Giving the Pronunciation and Definition of the Principal Words used in Medicine and the Collateral Sciences. By George M. Gould, A. M., M. D, Author of The Illustrated Medical Dictionary, The Student's Medical Dictionary; Editor of the Philadelphia Medical Journal, etc. New edition, rewritten and enlarged, including over 21,000 words. Philadelphia: P. Blakiston's Son & Co. 1898.

A Compend of Obstetrics, Especially Adapted to the Use of Medical Students and Physicians. By Henry G. Landis, A. M., M. D. Revised and edited by William H. Wells, M. D., Adjunct Professor of Obstetrics and the Diseases of Infancy in the Philadelphia Polyclinic, etc., etc. Sixth edition, illustrated. Quiz Compends No. 5. Philadelphia: P. Blakiston's Son & Co. 1898.

Diseases of the Skin. An Outline of the Principles and Practice of Dermatology. By Malcolm Morris, F. R. C. S., Surgeon to the Skin Department, St. Mary's Hospital, London. New (2d) edition. Revised and enlarged. In one 12mo volume of 601 pages, with 10 colored plates and 26 engravings. Cloth, $3.25, net. Philadelphia and New York: Lea Brothers & Co., Publishers.

LITERARY NOTES.

NEW BROCHURE.—The Mulford Company's 1898 antitoxin brochure has recently been received. It is an improvement on that of last year, for which there was much demand, and it appears to be a valuable reference book for physicians. The subjects of antitoxin dosage, symptomatic treatment of cases seen late and immunisation are very complete. There is a novel section on official reports on the use of antitoxin which will be highly appreciated. The book is handsomely finished, and is a masterpiece of trade literature. The book will be mailed gratis by the publishers upon receipt of request.

HAROLD FREDERIC'S UNPUBLISHED STORY.—Some weeks before his death, Mr. Harold Frederic finished the book on which he had been at work for months past. This last and most notable novel of this brilliant writer—for it is the only manuscript which he left—far eclipses in power any of his earlier stories. Written when his genius had fully matured, he put the best of himself into "The Market Place," as the novel is called, and it is destined to be the book of the year. For marvelous portrayal and analysis of character, for vigor of style, and for the brilliance and faithfulness of its pictures, it is a novel among novels.

The story has to do with the fortunes of a daring speculator, and, incidentally, with the corruption existing among the titled directors of English companies. Though written before the Hooley disclosures, it seems almost a prophecy of this *cause célèbre*. Mr. Frederic's pictures of English society and English country life are the best and most convincing that have yet been given to us by a novelist.

"The Market Place" has been secured by *The Saturday Evening Post*, of Philadelphia, and will appear serially in that weekly, beginning in an early issue.

THE Antikamnia Chemical Company, St. Louis, has prepared and will send out to the medical profession in a few days its Calendar for 1899. It is entitled Skeleton Sketches and is constructed on lines similar to previous years, and is by the well-known artist, the late Dr. L. Crusius. Some of the sketches, which we observe in the advance copy kindly sent the JOURNAL, are exceedingly well drawn, among which are "Ein Stein" and "A Rough Rider." These are clever, artistic hits and merit special attention.

THE *Dental Practitioner and Advertiser*, published by the Dental Manufacturing Company, of Buffalo, for the past twenty-nine years, was discontinued with its issue for October, 1898. Dr. Theodore G. Lewis was its editor for twenty-two years and Dr. W. C. Barrett has conducted it since the retirement of Dr. Lewis, so it has had but

two editors since it was established. It has been an excellent journal, maintaining a high standard for the profession of dentistry, and we shall miss it as an exchange.

THE Grosvenor Library, in Buffalo, is establishing a medical department in rooms that are being especially fitted up for that purpose. It is the intention of the managers to equip this branch in the most complete manner and to make it a superb reference medical library, where not only all the latest books and magazines may be found, but the classics in medicine as well.

When the rooms are finished, and it is excepted that they will be ready before the Christmas holidays, they will be thrown open to inspection by the physicians of Buffalo and vicinity, for which purpose a day will be set apart and due notice given.

The location of the Grosvenor Library and the liberality of the management ought to make its medical department a success from the start. Physicians, medical students and others interested may here find an opportunity to consult, read or abstract medical articles between the hours of 10 a. m. and 10 p. m., without disturbance, in an exclusive department especially adapted to the purpose and equipped with writing conveniences.

Contributions to the library of books and magazines will be appreciated by the managers.

THE *Canadian Practitioner*, of Toronto, in its issue for November, 1898, makes the announcement that it has agreed to an amalgamation with the *Medical Review*, and that on and after January, 1899, the name of the new journal will be the *Canadian Practitioner and Medical Review*. The editorial staff is not announced, but we tender the management our congratulations and best wishes.

THE *International Medical Journal*, of Philadelphia, announces a change in its editorial management. Dr. Walter L. Pyle retires and Dr. Boardman Reed succeeds to the chair. The latter has introduced some new features that are expected to add to the general usefulness of this excellent magazine.

THE *Therapeutic Digest* is a new candidate for professional favor that is published at Kansas City, Kan., and is edited by Dr. J. M. Thompson, with Dr. E. H. Todd as assistant. Dr. V. L. Todd is the general manager. The first numbers present a good appearance.

ITEM.

DR. J. L. C. CRONYN, of Buffalo, has designed a sanitary candle, intended for army, hospital and private uses. This candle will afford light as well as disinfection, is made of paraffin, mixed with antiseptic ingredients, and can be supplied at a nominal price, thus bringing it within the reach of all.

BUFFALO MEDICAL JOURNAL.

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Original Communications.

SURGERY OF THE KIDNEY.[1]

BY MARCELL HARTWIG, M. D., Buffalo, N. Y.

HAVING given a promise, I have to fulfill it, though I step before you with lack of confidence of interesting you, inasmuch as I have nothing new to proffer. Once in a while making a halt and surveying a field of work accomplished in medicine is worthy of time spent, if not so fascinating as novelties.

In bygone times there was of renal surgery very little, if we except paranephritic abscesses, and not until Simon, of Heidelberg, published his foundation work, *Chirurgie der Nieren*, in 1871, was there enough deserving a paper of our title. Today we can speak of eleven affections demanding frequent surgical interference with the kidney or its close neighborhood; (1) Wounds and bruises; (2) paranephritis; (3) pyelitis; (4) stone in the kidney; (5) hydronephrosis; (6) cystic degeneration; (7) tuberculosis; (8) tumors—monocysts and echinococcus included; (9) floating kidney; (10) ureteritis; (11) nephralgia.

I presume you do not expect the rudiments of surgery in my paper, therefore I shall not dwell upon such, but if I mention one thing or another well known to many, it may not be so to some, and I hope to be excused. Even to those who are well versed with the surgery of the kidney some things may serve to refresh the memory.

Traumatic Bleeding.—The latest article about this subject by Nasse, who was recently killed in the Alps, read before the Berlin Medical Society, has a careful record of the literature and states that Studsgaard was the first to make nephrectomy for a tear in the

1. Read at the Buffalo Academy of Medicine, November 1, 1898.

kidney in 1889. Everybody will subscribe today to Nasse's general ideas: that where death by hemorrhage is threatened, the bleeding must be attacked locally by stitching, tampons and the like, and where the chief bloodvessels, veins or arteries are torn, by nephrectomy; if only branches, we may succeed with Peyrot by applying temporary clamping of the bloodvessels. The difficulty lies in the diagnosis from shock. Here only general principles can guide. In cases of doubt an exploratory incision is admissible; where a hematoma is not forming, the incision should be abdominal; where a hematoma exists, lumbar. Wounds which we make ourselves in the substance of the kidney should be aid in the line habitual in post mortem exploration, as there are the smallest bloodvessels and stitched afterward through the whole substance. It is not to be forgotten that too strong tying would cut the tissue of the organ and that other than absorbable ligatures could cause later formation of stone. Whether intensely hot applications, 115° to 120° or more, will do without precluding primary union is not established yet. Where primary union and stitching, for example in bullet wounds, are excluded, I deem cautious trials admissible.

Paranephritis we call (in distinction of perinephritis, which is an inflammation of the capsula propria and which has little surgical interest,) the inflammation of the fatty capsule. There is a secondary fibrous form which has little surgical interest, except that it makes the enucleation of a kidney very difficult, while the usual is the purulent form. This it seems is (excluding wounds) almost always due to spontaneous perforations of the kidney or its pelvis. Yet metastatic abscess can happen; abscess from contiguous inflammation, originating at the appendix, from caries and intestinal perforation is by no means rare; but properly it ought not to be called paranephritis.

Finally, there are cryptogenetic cases, *id est*, where the original cause remains unknown. The symptoms are pain, puffiness, edema: finally, redness and, of course, fever. Exceptionally it imitates coxitis by contracture of the iliopsoas and if extension is great, even pleuritis can really develop from it. The treatment is, of course, incision and drainage every time. A number of cases which I saw healed promptly; one I lost, and it seemed to me from absorption of bichloride, as without bleeding death followed too soon. Unless great putrefaction is present, syringing is unnecessary, as in purulent pleurisy: we may at least choose less poisonous chemicals for lavage, say ½ per cent. salicylic acid or thymol. I

am sorry I could not obtain a post mortem; so the case remained "cryptogenetic."

Pyelitis, respectively pyelonephritis.—This is practically the most important and most thankful surgical kidney. Not unlikely before Simon some pyelitis cases were drained like abscesses. They are very frequently conjoined, or caused by stone in the pelvis of the kidney, so we can consider them together. Not until Rovsing proved that injection of certain germs into the ear-vein of rabbits produces pyelitis when the ureter is tied, did we positively know that a pyelitis hematogenes descendens exists. Bradford, in London, obtained lately pus in the pelvis by tying the ureter in dogs three times out of twelve; but as he cut between two ligatures his experiments (which showed atrophy of the kidney to follow) are not conclusive as infection cannot be excluded. Posner has proved that if intestine and ureter are ligated without local infection, bacterium coli enters the circulation and urine and that this may be the modus operandi how calculus in the kidney may produce pyelitis. Nature, though, shows conclusively that germs from the blood can locate in the kidney by the fact that tuberculosis occasionally occurs in the kidney. The excretory action of the kidneys being so lively we should rather wonder that descending pyelitis does not oftener occur. Possibly the future will show such origin for the non-surgical kidney diseases. The ascending pyelitis is probably not as frequent as we ought to expect, because of a valve-like action of the ureteral papillæ and of a descending trend of the ureteral peristalsis.

Diagnosis from Cystitis.—Dr. George Rosenfeld, in Breslau, comes to the conclusion (*Berlin Klin. Wochenschrift*, July 25, 1898,) that alkaline reaction does not occur in uncomplicated pyelitis, that the most intense cystitis hardly ever shows more than 0.1 per cent. of albumin; that if all the pus cells are stellated it seems pyelitis; that if the red-blood corpuscles are for the most part disintegrated and the amount only microscopical, pyelitis is probable, provided there is no tumor of the bladder. Characteristic is the great amount of albumin in comparison with the number of leucocytes. According to Goldberg, in Cologne, pus in nephritis is mononuclear; in pyelitis, polynuclear. He further states that if pyelonephritis is absent, even 5,000 leucocytes to the c.cm. urine furnish only one per mille albumin. He counted as high as 54 milliards of leucocytes which are emptied in the urine in twenty-four hours. Far more than a man has.

Thus we may fancy how Landau saw one hydronephrosis turn to pyelitis. Müller, of Oldenburg, in 1880, describes a case of hydronephrosis where after he had established a fistula, the fistula closed; after a while the sac refilled, burst and caused paranephritis.

Treatment of Pyelitis.—Calculosa and without calculus has been hitherto considered as *toto cælo* different, but we will see that this idea is wrong today, and that both are surgical kidneys, as well as calculus without pyelitis. I will admit that some light forms (catarrhal) of pyelitis may get well by giving arbutin, chlorate of potash, turpentine, urotropine, and the like, conjoined with plentiful drinking of mineral waters, but I have not seen a single perfect recovery in twenty-five years of my practice. Flaischlen removed a pyonephritis which had lasted a quarter of a century. The reason seems to me very clear. All purulent inflammations are practically due to cocci or bacteria and such multiply indefinitely in mucous membranes, only too readily if detained the least in their escape; although, of course, the different kinds will show more or less resistance. A simple uncomplicated pyelitis nobody will consider a surgical disease, but after all medical means are exhausted it becomes such. I doubt not that in future we will drain such cases. I could find only one in the literature which Hahn cured by twenty-four days' drainage. A cause was not found. The germ in the case was established by Hirschlaff as the bacterium lactis aerogenes, Escherich's, in pure culture. Where a hindrance to the escape of pus exists it must be removed. Where, as most frequently, it appears as a calculus, we of course remove it. Everybody does. But what of strictures in the ureter? Formerly they were considered cause for nephrectomy. Today we ought to dilate from above or below. Conservative surgery of the kidney is the watchword today. Since the invention of the cystoscope by Nitze and Casper, ureteral catheters as an addition, and since Kelly has extended *my* method of viewing the bladder as a whole in women and proven its applicability in man, as I predicted in my article in the *Medical News*, August 13, 1892, we can more readily drain from below than Simon, who has already done so (in woman) for diagnostic as well as for therapeutic purposes.

I show you here Simon's original ureteral catheter. There are not many cases on record yet and I shall cite you some to show that success is possible. In principle though, in the majority of cases, we ought to drain from above—from an incision into the pelvis of the kidney—as such can be maintained indefinitely and as it is the only

way which admits the finger and thus insures that we do not overlook a calculus.

The above-mentioned cases, as far as I found in the time I could devote to search, are: Bozeman cured two cases by introducing the ureteral catheter from a vesicovaginal fistula and syringing one half per mille bichloride of mercury into the renal pelvis. Pawlik had several cases. Nitze expects more from injecting nitrate of silver. *Bureau du Traitement Chirurgical des Pyonephroses Thèse* de Paris, 1890, contains a case. Casper reported, 1895, two cases of washing the pelvis per vias naturales in pyelitis gonorrhoica. In the first case the catheter remained three days in the kidney and he made daily instillations of 1 to 2 per cent. silver. In the second case he catheterised the ureters six times. In both cases all other means previously employed had failed. L. Bazet, of San Francisco, whose paper appeared in the *Philadephia Medical Journal*, October 22, 1898, just came to my hands through the kindness of Dr. Schröter, takes the same stand which I am just advocating. He says, "In cases of pyelonephritis without distension nephrotomy intervenes as a precious resource to secure by a double road the drainage and disinfection of the pelvis, when catheterisation and disinfection per vias naturales proves futile."

The modern treatment for pyelitis therefore will remain after medical means fail, incision and drainage; if this fails, nephrectomy. Some have favored primary nephrectomy, because the secondary, when the fatty capsule has changed into fibrous tissue and intimate adhesions have formed, is more difficult of execution; but the danger of nephrectomy is certainly greater than of nephrotomy; and many a kidney which seemed doomed has resumed its work entirely or partially at least. Further, we find after nephrotomy, by observing the urine, additional evidences whether the other kidney is healthy. If it remains clear the likelihood is that it is. Czerny thought so, but rare cases have happened where it was not in spite of clear urine. Thus Gersuny, in Vienna, lost a case where the urine was entirely clear and at post mortem the other kidney showed only one healthy calix and the rest was infiltrated with pus. Nephrotomy alone will cure some cases by long drainage without removal of the ureteral stricture. Thus I have cured a case some twenty years ago, and the woman is living today in full health. The drainage was kept up for about a year before the fistula closed. There was a stone, but that did not constitute the hindrance for the escape of pus. Dr. Banta saw the operation. Another became

pregnant and gave birth to a child before the fistula closed, and it may be open today. My paper would grow too long if I should dilate any further upon the merits of nephrotomy against nephrectomy in pyelitis, though we will have some hints concerning the question.

Hydronephrosis.—There are two forms: the persisting and intermittent. The first is almost always bilateral and congenital, while the latter is mostly unilateral. Whether we are helpless with the congenital remains to be seen. Landau maintains that the intermittent form is due to floating kidney and is curable by nephropexy. The hydronephrosis persistens von Kahlden considers the analogue of the ovarian kystoma, developed as a myxofibroadenoma. It becomes difficult to judge what good drainage could do here. Ewald joins this opinion with others and therefore it should not be called hydronephrosis, but cystic degeneration.

Cystic Degeneration.—Only two cases were diagnosticated during life and controlled post mortem: one by Dugust, one by Verneuil. The widest known seems to be the case of Leichtenstern, where one kidney weighed 1,505, the other 1,350 grams. Landau's opinion of the nature of hydronephrosis is only sometimes correct. In other cases other impediments for the escape of urine exist. Kuster had a case where, two years before, a fistula was established which would not close. He laid bare the ureter, found a stricture two and a half centimeters below the pelvis; extirpating the stricture, stitched the ureter into the pelvis and the fistula closed four months later. The urine became acid, but remained murky and albuminous.

Alsberg cured a case by using bougies through the fistula. Landau cured one case out of four in the same manner.

Tuberculosis.—If it is primary and readily recognised by the bacilli in the urine it gives a chance for extirpation. Israel had once seemingly lasting success by partial resection of one-third of a tuberculous kidney. I consider such proceeding dangerous, because the disease is very apt to reappear. Curettage although has been tried, but I could not find a lasting result in the literature.

Gluck says that among three or four cases in fullgrown people tuberculosis renum is duplex and in every second case in children.

Tumors—monocysts and echinococcus.—The latter is easy to cure by simple drainage, but hard to recognise. Berand saw only once echinococcus in both kidneys among sixty-four cases. We must not forget Spencer Wells's method of diagnosis by blowing air into the colon. Tumors can only find a cure by extirpation. I shall

give statistics later on. One-half of all carcinomas in children are carcinoma of the kidney.

Floating Kidney.—In 1882 there were floating kidneys still extirpated and a total number of seventy-six was known. Martin alone had eight at that time, of which three died. What a difference since Hahn introduced nephropexy, with which operation he lost only one from the first fifty-six cases.

Some writers of late begin to consider operating on floating kidneys futile, as they consider it a part only of enteroptosis with rare exceptions. (Einhorn, *Medical Record*, 1898, Vol. LIV., No. 7.) Tuffier and Israel incline that way in the debate at Moscow, 1897. I cannot second these opinions in cases where localised complaint exists. Of course, we see numerous cases which we merely accidentally discover. They need no operation. Müller-Warnek's theory of duodenal compression and sequential ectasis ventriculi. Ebstein had some ninety-one cases; sixty-five on the right side.

Ureteritis.—As a disease *per se* is very rare; has been recognised only lately. As a secondary condition, it was long ago known. Israel made a nephrectomy in a case in 1893, after he had drained the kidney for two (!) days in vain. He seems not to have thought of a ureteral bougie or catheter *à demeure* at that time. Virchow says that distoma produces ureteritis in animals. In Eygpt and Abyssinia distoma hematobium is a frequent cause of hematuria and can be recognised by its characteristic eggs (with a thorn) in the urine. Filaria Bancrofti can cause the same symptoms. I do not believe that ureteritis alone will give cause in the future for nephrectomy. Bougie-dilatation and medication from above or below will suffice.

Nephralgia.—This is a very dark affection today. There are a number of cases in the literature where an exploratory incision with and without nephrotomy revealed nothing and yet the pain subsided. Senator attempted the explanation that the surgical procedure necessary severed some nerves and so cured the pain. I rather think it is nerve stretching in lifting the kidney. I had one case which remained well for nineteen months and then developed (duplex) tuberculosis. Dr. Carpenter found the bacilli in the urine. I abstained from attacking the kidney again because the other kidney became affected, also the lungs.

Statistics.—Nephrectomy is by no means child's play and this is not only because the kidney is a vital organ, but because the other suffers well-nigh invariably right after the operation. The amount of urine during the first week is decidedly diminished; the urine often

albuminous, even in those cases where the surgical kidney has long ago ceased to manufacture urine. The cause is not clear. Israel thinks it is a reflex anuria, although he saved some cases—40 per cent.—during anuro-uremic fits just by operating. Senger thinks our antiseptics being absorbed irritate the other kidney, which has to do overwork. Some accuse the chloroform.

Gross's statistics show, in 1885, 44 per cent. mortality in 233 cases of nephrectomy. Czerny had, later, the same. For sarcoma and carcinoma Gross has with laparatomy 64.8 per cent., with lumbar incision, 45.4 per cent. Only six lived over one year. One remained well for five years. With children the results are still worse. Twenty-one hydronephroses gave with transabdominal excision in seventeen cases, 41 per cent. of deaths; four with lumbar excision, 25 per cent. of deaths. Gross has 23 per cent. deaths in ninety-three nephrotomies and twenty-one of the ninety-one surviving retained a fistula. Of those twelve were afterward nephrectomised and only one died, thus only 9.3 per cent. of death, a far better rate than in primary nephrectomy. Israel had in nineteen nephrectomies 21 per cent. of deaths. Kuster, in Marburg, has in tumors, 263 cases, 41 per cent. of deaths, but only nine remained free for three years, 3.4 per cent. Israel from his own twenty-four cases of tumor has 25 per cent. surviving three years. He removes the fatty capsula and all glands he can reach. This seems the latest advance. The next will be with the common pyelitis without obstruction.

In surgical procedures of lumbar and abdominal incisions, the latter are more dangerous.

The line of incision I prefer is starting from the point where the sacrolumbalis crosses the twelfth rib, near the spina anterior superior, which if necessary can be prolonged until near Poupart's ligament, about one inch above it.

Resection of the twelfth and even the eleventh rib has been abandoned, because this incision opens the pleura. Yet I think that if the rib is only resected and the incision remains superficial the tissues will give without the pleural sac being opened. The abdominal incision carries a danger as it severs bloodvessels of the colon, and as these have poor anastomoses they can lead to necrosis of colon. It is remarkable how many are recorded which have been lost by ileus. In large tumors, of course, the abdominal incision has the advantage that the renal vessels can be secured before enucleation is begun. If the diagnosis per abdomen can be secured and the vessels too, I would close the abdomen and proceed to lum-

bar enucleation. Strictures of the ureter, Fenger prefers to slit lengthwise and reunite by suturing the apex of the incision to its lower end, like Mikulicz in pyloroplasty and this is correct in short strictures, but Van Hook's proceeding remains acceptable; yet in long ones, if bougies do not cure, nothing is left but nephrectomy. Nephrotomy in distended pelves is simple, but the future operation in simple pyelitis without distension will have to go through the center (dorsum) of the kidney. In cases which reach us in a state of dangerous exhaustion, a *troicart à demeure* for a week or so will tide a pyelonephritic case (with distension) over till the patient rallies sufficiently. In metastatic multiple abscesses we may do as Howard Lilienthal did successfully twice—nephrotomy with curettage.

884 MAIN STREET.

CHOLERA INFANTUM.

BY GROSVENOR R. TROWBRIDGE, A. M., M. D., Buffalo, N. Y.

CHOLERA infantum proper should not be confounded with the serous diarrheas, fermental and those from other causes, but as a disease peculiar to childhood, especially infancy and one due in all probability to a specific microörganism. It is especially likely to occur during the first two or three years of a child's life and during the warm weather. It is, I believe, in a great measure a preventable disease, for among the wealthy classes it is practically unknown.

It occurs especially among the children of the poorer classes of society, who are made liable to it either through neglect or inability on the part of the parents to care for them, and who do not recognise the disease as serious until it is too late.

This disorder in the child is very similar to cholera nostras in the adult, but owing to the lack of resisting power is much more fatal. Cholera infantum is found, as I have stated, especially among the children of the poorer classes, and is due, in the majority of cases, to the following causes: (1) Insufficient and improper food; (2) overcrowding and filthiness; (3) bad or insufficient drainage; (4) long-tubed nursing bottles; (5) teething; (6) excessive heat.

These causes probably do not include the origin of all cases, for cholera infantum will occur when all the above conditions can be eliminated, but for the very large majority these causes will suffice.

In my experience with this disease I wish it understood that every case has occurred in the ninth, eleventh or fourteenth wards of Buffalo,

a district inhabited especially by the Polish people, whose ideas on the matter of preventive measures in disease are rather crude and limited. Diarrhea and vomiting in any form whatever are one and the same to them and it is often the physician is blamed, because he is unable to effect a cure in an infant who is in collapse from cholera infantum. The careless feeding of children among the poorer classes is, I believe, the prime cause of cholera infantum and other alimentary disturbances. A woman who is obliged to aid her husband in the support of a large family is unable to properly care for her infant, and the result is it is left to the tender mercies of older children or a neighbor for the entire day, and lack of interest and attention together with the crude ideas of proper food for the baby usually result in gastric and enteric disorders. Even if the mother is at home and has abundance of time to care for her child, ignorance on her part in regard to proper food is often as fatal in its results as if the infant was cared for by others. In a large number of cases I have learned in answer to my invariable inquiry as to what the child receives as nourishment, that it eats everything and this usually includes cabbage, sausage, meat, fish, bread, vegetables of all kinds, fruit, beer, pop, etc., etc. Another extremely common fault to be found with mothers is the habit of feeding a child to keep it quiet. This often results in the overloading of an already too full stomach and a consequent disturbance of the digestive processes. In the majority of cases a little warm (pure) water will suffice to restore the child's good nature, and moreover in many cases will materially aid digestion.

In regard to the second cause, viz., overcrowding and filthiness. I do not consider this as important as that of feeding, yet a weighty reason in many cases. In the district I have mentioned the houses are closely built together, are erected on filled land, which fifteen years ago was for the most part swamp, and even now is improperly drained; are in the majority of cases built without cellars, and families are crowded into them without regard to air space or other sanitary conditions, it frequently being the case that a family of eight or ten occupies two or three small rooms, which serve as sleeping, eating and living apartments. As a rule, there are no running water closets in the houses and the only provision for the disposition of sewage and refuse is the cesspool and privy. I do not wish it thought that I am criticising the Polish inhabitants of Buffalo for the lack of sanitation, for it is not in their power to entirely correct it, but there is no reason why the sewers and openings into them from

a number of east side streets should not be kept open and the surface water allowed to drain off, instead of standing for hours and even days as it frequently does. The city of Buffalo is not situated entirely west of Main street. This is a digression, but I believe thoroughly that cholera infantum is often caused by lack of sanitation, and I have in every case endeavored to impress upon the minds of the individual the great importance of cleanliness in every way.

Long-tubed nursing bottles in every instance are a constant menace to the life of an infant, and in every case of affection of any description in the alimentary canal, I have inquired as to whether it was used, and forbidden it if such were the case. It is useless for me to speak of this form of bottle as a cause for cholera infantum, but I wish simply to state that in my practice I know it has been the sole cause for serious intestinal disturbances and consequent death in a number of cases.

Teething is often a factor in alimentary troubles, but I am not inclined to give it as important a place in the causation of cholera infantum as do many writers.

Excessive heat is undoubtedly an important aid in causing intestinal and gastric disturbances, but I do not think it can always be called to account, for it has often been my experience to see cases of cholera infantum exist in extremely cold weather. However, as an adjunct in the causes it is an important factor, for it certainly is true that the vast majority of cases occur during the hot summer months.

Pathology.—It has been a source of great regret to me that I have been unable to obtain autopsies in the fatal cases I have seen, for only in two instances have I been able to hold post mortems. In neither of these cases were any gross lesions discoverable, and I believe as Rotch states in his work on Pedriatrics, that "the pathology of cholera infantum has not yet been satisfactorily determined, but it seems to be a noninflammatory disturbance of the whole gastro-enteric tract without any gross lesion beyond a desquamative catarrh, and sometimes hyperemia of the mucous membrane." Dr. Pepper describes the condition as follows: "It is an intense form of acute dyspeptic diarrhea; for few or no lesions of the intestines are found post mortem, and never any of an ulcerative nature. The gravity of the affection seems to be due rather to the associated paralysis of the vaso-motor nerves of the intestine with a resulting profuse discharge of serum, than to any violent enteritis, even of a catarrhal form."

Symptoms.—First, a period of restlessness, then abdominal pain, followed by vomiting and this by a profuse diarrhea. The vomitus and stools at first consist of undigested food and afterward principally of serum, in which may be found epithelium and bacteria. The stools and vomitus are at first very offensive, but after the intestinal tract has been emptied of food they are odorless. The abdomen may be slightly distended at first, but later becomes collapsed and soft. The feet and hands become cold, the temperature rises to 103° to 105° F., there is rapid and extreme emaciation, pulse rapid; the urine suppressed; a comatose state or convulsions may follow and death ensue in from twelve to forty-eight hours.

Prognosis.—Depends on surroundings, ability and means to care for the child. Always, however, it should be extremely guarded as it often happens that the most extreme cases will recover, while others which are apparently favorable will be intractable to all care and treatment.

Treatment.—Is to maintain the strength of the child until the poison causing the disturbance is removed or counteracted. The surroundings of the patient must be taken into consideration and if unsanitary and unfavorable, the child if possible should be removed to the country or at least away from its unsanitary home. It is right here that the great difficulties arise in treating the children of the poorer classes afflicted with such disorders. Usually it means leaving from two to ten other children at home without any care whatever, and so in the majority of these cases the physician is obliged to treat the case as best he can without skilled assistance and sanitary surroundings.

Stimulation at the outset in these cases, notwithstanding that the child is apparently strong, is, I believe, always advisable. This is best obtained by the use of Cognac brandy in small and often repeated doses. As the poison in the alimentary canal is, as a rule, due to the food taken by the child, it is of vast importance that this should be attended to at once. If the child is not in the advanced stage and the excessive weakness is not present a full dose of castor oil, supplemented by high irrigation of the bowel, will often abort an attack.

When the disease is well advanced and the strength of the patient is diminishing rapidly there is considerable risk in the employment of oil or injection and we are obliged to rely on stimulation, proper food and remedial agents which will disinfect the alimentary canal. In regard to food I believe it better in all cases to feed the child

artificially and not allow it to nurse. Small quantities of rice or barley water with absolute rest will often counteract the nausea, while warm sterilised water will in a great measure replace the excessive drain caused by the serous stools. Should the temperature reach 104° F. and the surface temperature be raised, sponging frequently with cold water is advisable, but on the other hand should the surface be cold and the temperature per rectum still continue high, warm applications to the body and extremities and enemas of cool water should be employed.

In regard to medication authors do not differ to any great extent. Dr. H. A. Hare in his System of Practical Therapeutics recommends the following, and I have employed them to a considerable extent in my cases:

℞ Acid salicyl.
Sodii biboratis . . . . . āā g xv.
Aquæ . . . . . mxl.
M et adde.
Tr. aurant cort. . . . . mv.
Glycerine . . . . . mxv.

℞ Bis-subnit . . . . . gr. vi.
Tr. opii. deod . . . . . m i.
Syrupi . . . . . m xx.
Misturæ cretæ . . . . . ʒ i.

℞ Creasote . . . . . m ½.
Bis-subnit . . . . . gr. iij.
Mucilag. acaciæ . . . . . m xx.
Aq. cinnamon . . . . . q. s. f. ʒ i.

Of the first drachm doses may be given and of the two latter one part of the first to three parts of the second and the mixture given in drachm doses.

A favorite prescription, and one which I have used with the best results, is as follows for a child from ten to eighteen months old, the quantities to be increased proportionately:

℞ Salol . . . . . gr. iii.
Pepsin (pure) . . . . . gr. iiss.
Pancreatin (pure) . . . . . gr. iiss.
Bis subnit . . . . . gr. iii.
Ext. nucis vom . . . . . gr. ½.
Sodii bicarb . . . . . gr. vi.
Ginger powd . . . . . gr. iss.
M. et div. in chart. No. xii.
Sig.—One every two hours.
Alternating with this about ʒss. of mist. cretæ.

During a period of fifteen months ending October 1, 1897, I treated 321 cases of cholera infantum. They comprised 180 males and 141 females; the average age of males was fifteen months, of the females fourteen months. These were all typical cases of the disease and all occurred among the poorer classes. Twenty cases were comatose when I saw them. The number of deaths was twenty-nine. The treatment was as follows: In 227 cases the powders of salol, pepsin, pancreatin and the like, in conjunction with the chalk mixture were given, with a result of 17 deaths and 210 recoveries; 69 cases were treated with Dr. Hare's formula of creasote, bismuth, etc., with 7 deaths and 62 recoveries, and 25 were given Dr. Hare's second formula (previously mentioned) with the result of 5 deaths and 20 recoveries. The diet and other necessary measures in the way of stimulation, baths and the like were employed in all cases.

I do not hope to advance anything especially new in the treatment of cholera infantum, but having been either fortunate or unfortunate in seeing this considerable number of cases I believe the following points to be of great importance in the care of them: (1) If the child is not too weak, a thorough cleansing of the bowel by means of a laxative and flushing (2) stimulation in every case; (3) carefully regulated feeding; (4) medication should contain an antiseptic to counteract the poison of the disease.

416 Ellicott Square.

COMPOUND DISLOCATIONS.[1]

By FRANCIS EUSTACE FRONCZAK, A. M., M. D., Buffalo, N. Y.

A DISLOCATION or luxation is a persistent, abnormal separation of the articular surfaces of adjoining bones. It differs from a sprain inasmuch as the latter is only a temporary and self-reduced luxation.

Dislocations may vary as to cause, in being traumatic, pathological or congenital, that is, they may either have been caused by external violence, whether it be direct or indirect, or by muscular action. Pathologically, a bone may be dislocated by a disease, as an abscess or a neophyte, destroying the ligaments and the joint tissue, and thus by a slow process and ultimately by muscular action, bringing about the displacement.

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

Finally, a congenital dislocation is one which is due to defective development of joint during intrauterine life, and hence, I would not call a congenital dislocation one, where the humerus or femur are pulled out of their sockets by the allwise midwife during delivery, as I have witnessed it already.

Dislocations are further subdivided as to their nature, as whether they are complete, partial or incomplete, generally called subluxations, complicated, *i. e.*, where there is a coëxistence of a fracture or other lesion besides the dislocation, a single and multiple, primary and secondary, recent and old or habitual, unilateral and bilateral, simple and compound dislocations. All these terms being self-explanatory, I shall not detain you in giving you their simple dictionary meanings.

I desire to speak in particular on compound as differentiated from simple dislocations. The latter is one where the articular surfaces do not communicate with the external air; the former is one where there is a communication of the cavity joint with outside air by means of a wound.

From statistics we find that dislocations in general are by far less in frequency than fractures; the proportion being, it is said, as one to ten. A compound dislocation, however, is still of greater rarity, it occurring only when great force is applied, that a bone is displaced from its normal relative position, and forced through the intervening tissue and the skin. Usually when so great a force is applied a fracture is the result and we do not have a compound dislocation, but a compound fracture, or a complicated luxation.

A compound dislocation may also be caused pathologically when, for instance, an abscess is permitted so to destroy the tissue surrounding articulating bones that one of them by slight force becomes disjointed. I have not seen or heard of a congenital compound dislocation, though I see no reason why even such an occurrence is not possible.

The symptoms of compound dislocation are usually the common symptoms of any dislocation. There is a deformity, that is, change in contour and attitude, which is always evident; there is pain, which may be very severe, especially if the nerve trunks are subjected to pressure, laceration, or are completely torn. The normal voluntary movement is very much restricted in certain directions. Another symptom is here which we do not find in other dislocations—namely, we see the damaged soft parts, a wound which may be either very small or quite extensive and sometimes the disjointed bone.

As far as diagnosis is concerned, it is not such an easy matter as is generally supposed. Much depends upon the symptoms and physical signs. In the first place, the rarity of the accident, in the second, the open wound and the probably exposed to view bone, are very misleading.

Well do I remember my first case of this kind. On seeing the protruding end of the styloid process of the radius, and especially the peculiar deformity, I could not help thinking of Colles's fracture. Such, however, was not the case. But I am anticipating.

The differential diagnosis between a compound fracture and a compound dislocation is chiefly determined by the absence of crepitus in the latter, though even this is not to be accepted as a dogma. Reëstablishment of a deformity after its correction, and the fact that dislocation once reduced generally keeps its place, are valuable diagnostic symptoms for differentiating purposes.

Prognosis, of course, is not as favorable in this kind of dislocation as it is in simple luxation. There is always some danger of suppuration and subsequent ankylosis, as we shall see later.

As to treatment we must necessarily adopt the ancient axiom of "Circumstances alter cases." Each such case must be a law unto itself. There may be a slight wound with hardly any possible infection; again, we may have to deal with an extensive injury of the soft parts and tissue surrounding the disarticulated bone and may fear suppuration. From my early university days, I always remember the maxim, "that the most important knowledge of surgery consists in the knowledge of attaining and maintaining absolute surgical cleanliness." The joint and wound is to be rendered as aseptic as possible, and then reduction accomplished. Sometimes a wound, no matter how slight, may prevent such rapid operative movements. It may even necessitate a larger opening, for the cavity joint may be contaminated and filled with particles of dirt and filth.

This, of course, must be removed. We may even resort to excision of one of the bones in order to prevent ankylosis. Wound may or may not be closed at once, much depending on the circumstances. If the injury is extensive and was exposed to much contamination, a thoroughly good drainage and the packing of the cavity joint with iodoform gauze for a few days will be necessary. Of course, there is often a call for the performation of arthrotomy where suppuration follows compound dislocations, though, usually the open wound and the protruding bone are of sufficient pressure to bring about easy surgical attendance.

Passive motion is often resorted to, to prevent ankylosis, but it is said to do more harm than good; the stiffness that exists is only temporary, and aided by massage, hot and cold douches and the natural use of the limb, disappears gradually.

This, in short, covers my views on compound dislocations. In addition I desire to describe three of the several of this kind of accidents which I have seen during my practice:

CASE I.—Boy, F. P., age 16 years. Playing baseball; endeavored to steal a base by sliding. He threw his right hand forward, and as he fell the radius separated from the carpal bones; the wrist was turned backwards, the ligaments were torn and the styloid process of radius protruded through the tissue. This to all appearance looked like Colles's fracture. Examination with aid of skiograph, however, showed it to be a compound dislocation of the wrist. Reduction was accomplished, wound cleaned and closed, and the whole put in splints. Result was very satisfactory.

CASE II.—Boy, F. G., age 11 years. Was watering a horse. In some way or other the horse stepped on the boy's foot; result was that the first phalanx of the little toe became dislocated. I considered that as queer a *lusus naturæ* as ever occurred. The ligaments were simply torn, not a least bit of bone was broken or chipped and almost the entire bone was pushed through the skin and exposed to view. Reduction and aseptic dressing brought good recovery.

CASE III.—Man, T. T., age 37 years. Employed as a section hand on railroad. While carrying a rail, with several others, he fell on his left side, dislocating his left elbow, most probably having outstretched his left arm to save himself. The head of the radius and olecranon process of the ulna were pushed out through the tissues and the skin. The ligaments were torn and the bloodvessels ruptured and the man had almost bled to death when I saw him. Removal to hospital was refused, as also my request for another physician to aid me. The wound was cleaned, several vessels were ligatured, and after considerable labor the dislocation was reduced.

Provisions for drainage were made in the case and the wound dressed, the forearm being moved to right angle position. A few hours afterward I learned that a quack was called to review my work. All the bandages were removed and new maneuvers gone over. I heard of the case a short time ago, that the elbow was stiff and that he had been sick for months. No doubt, the amateur "bone setter" who was called after me, did not consider in the first place that cleanliness is of any value, and then, probably, the bones were dislocated again by the manipulation. At any rate suppuration must have followed with resulting ankylosis.

From this we see that where proper surgical methods are applied, we obtain satisfactory results. Failure to obtain these is usually due either to lack of knowledge of the true condition or to absence of proper care.

508 FILLMORE AVENUE.

THE PRINCIPLES OF THE RADICAL CURE OF INGUINAL HERNIA.[1]

By WILLIAM B. JONES, M. D., Rochester N. Y.

THE internal inguinal ring is at the apex of a funnel-shaped depression in the anterior abdominal wall that concentrates intra-abdominal pressure at that point. The inguinal canal begins there and passes outward and downward obliquely through the muscles and fasciæ so that pressure directly outward from within tends to close its walls more firmly together. It is weakest toward force exerted in its own direction obliquely. Its walls are cemented together by cellular tissue, through which pass the cord and spermatic vessels, and they may vary in size according to their distention. When collapsed as from pressure the descent of hernia is slightly favored.

In operating after dividing skin and fat and treating the sac, the canal must be firmly closed in one of two ways. Bassini's method restores the two layers, the posterior being transversalis fascia, and transversalis and internal oblique muscles with their aponeuroses all stitched to Poupart's ligament, the internal ring at the upper end of the seam just large enough for passage of cord and vessels without constriction, and with one stitch above them to prevent subsequent splitting of the muscle and a new hernia higher up than the old one. The anterior wall is external oblique muscle and aponeurosis laid over the cord and joined also to Poupart's ligament, the external ring at its lower end, covered only by fat and skin. If primary union be secured and the sutures remain until it is strong, the method is very successful, although it has the original tendency, due to being at the apex of the infundibulum of the anterior abdominal wall and occupied by vessels of varying caliber.

This is overcome by Halsted's method of separating the fibers of all the muscles farther upward and outward, till the outer end of the funnel is reached, placing the cord and its vessels away up there, bringing them through the entire thickness of the muscles and then closing the canal firmly, uniting its margins from end to end; not in two layers to restore the canal, but in one to obliterate it, being careful as before, to avoid constriction of the cord, and to have it emerge between two sutures, not above the uppermost one. The skin is then reunited; closure gathers in enough tissue to nearly or

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898

quite level up the depression. Now there is no infundibulum to promote hernia, and no internal ring where hernia usually starts, so it doesn't start; no canal, no external ring.

Wherever the cord structures emerge, there must be an opening just large enough to admit them. In aponeurotic tissue, as at the internal ring, it is proper to consider it an opening, because although fully occupied when the vessels are filled, a very little pressure empties them and leaves room for an entering wedge. Not so in muscular tissue; the very cause of such pressure is contraction of those same muscles, whereby those fibers that surround the opening thicken and broaden, themselves first occupying any space there created.

There are only two other methods worth considering: In one the sac instead of being cut off is crumpled into a mass and replaced just inside the internal ring, forming a mound opposing the constant pressure there concentrated. In the other a separate opening is made in the abdomen, about on a level with the spine of the ileum. A long needle and suture, or a pair of forceps are passed through it into the peritoneal cavity down the inguinal canal. The sac is seized and drawn up out of this opening as far as may be, stitched fast and cut off. The canal is then restored as in Bassini's operation, the cord traversing it as before.

The only reliable material for suturing the margins of the canal is silver wire. If properly placed it nearly always remains permanently without inconvenience. Some day we shall have something that can be depended upon to remain just long enough to secure firm union and then be absorbed, but there is none yet.

Primary union is practically essential. Scar tissue formed by granulation is yielding and usually stretches so that trouble recurs. All the methods depending upon the open treatment have been discarded for that reason. In the operations I have advocated if stitch abscess occurs it often defeats the attempt at cure. They should not occur.

After operation the pressure of a truss is unnecessary and would cause irritation over the buried sutures and absorption and weakening of the cicatrix.

A few words about results. In 610 operations by DeGarmo and Coley there were patients of all ages from five months to eighty years, some having appendix, cecum, ovary, or intraperitoneal tumor, besides usual contents. Many were irreducible, quite a number acutely strangulated. Of all these, only one died, and he of pneumonia. Sixteen were not cured by the first operation, but

about half of them were by a second, leaving about one out of one hundred not cured.

The argument is unanswerable for operation of all hernia, not cured by faithful use of truss for a year or so. I would never wear one myself and would be operated upon at the first appearance of hernia. The discomfort, expense and danger of a radical cure are all less than from enduring a truss for a life-time.

SUMMARY.

The organic causes of hernia is a broad infundibulum, with its apex at the entrance of the inguinal canal, and the weakness of that part of the abdominal wall made still weaker when the vessels in the canal are collapsed. The indications in radical treatment are to level up that depression as much as possible, transplant the cord to a place not affected by that formation, obliterate the inguinal canal by suturing, secure complete primary union of all layers. Place the uppermost suture above the upper end of muscle separation. Until reliable absorbable material is to be had use silver wire as a buried permanent suture. Never put on a truss again.

Dr. Buchanan, of Pittsburg, says: "When we consider the high percentage of cures and practical freedom from danger in these operations; that a patient may in two weeks, without pain and with little inconvenience, be freed from the danger of strangulation, the burden of a truss and the constant sense of insecurity—when we consider these facts, it is incomprehensible that all physicians do not advise the radical cure for all their patients, except those rare cases where, for special reasons, operation is contraindicated."

215 LAKE AVENUE.

THE EPIDEMIC OF SMALL POX IN WESTERN NEW YORK.[1]

By EDWIN R. BISHOP, M. D., Health officer City of Geneva, N. Y.

THE following facts relating to the epidemic of small pox that visited so many localities in Western New York during the past summer, may be interesting by showing the source of the disease, the difficulty of diagnosis, and the disastrous results from the spread of contagion.

The Joshua Simpkins Opera Company, with twenty-six members, came to Geneva, N. Y., on May 21, 1898, for the purpose of giving

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

an operatic performance. Shortly after their arrival a telephone message was received from the health officer of Ithaca, stating that two days before, while the company was playing in that city, a member of the troupe had been removed from the car, and now showed unmistakable signs of small pox. The troupe was quarantined in their cars, and upon instructions from the State Board of Health the members were vaccinated and the cars disinfected. The disease was evidently contracted in Richmond, Kentucky, early in March.

CASE I.—M. F., never vaccinated, was taken sick in Charleston, W. Va., on March 21st with nausea vomiting and fever, lasting for three days, when a rash appeared on the face, wrists and left foot. The papules became vesicles and then pustules. A physician told him it was chicken pox and he gave up work only during the first stage. His brother, the next case, never vaccinated, became sick fourteen days after contact with the first one, had a similar attack, but with a very profuse rash, and attended to his duties as actor and musician throughout the entire attack. During the pustular stage, while in Fredonia, N. Y., he took a warm bath at the hotel, to allay the pain and itching. While in the water, he pricked all the pustules within reach, allowed the pus to drain out and then wiped himself on the hotel towels, and that evening took the tickets at the theater entrance. This satisfactorily explains the beginning of the very serious epidemic in Fredonia, which resulted in twenty-five cases of the disease, and an inestimable loss of time and money to the inhabitants. The third case was attacked nineteen days after joining the show. His case was also pronounced chicken pox by a physician, and he continued uninterruptedly with his work. The fourth case was much more severe and evidently was true variola. His face was covered with pustules and his body almost as bad, but it was mistaken for chicken pox aggravated by secondary syphilis. He was treated at the hospital for contagious diseases in Ithaca and recovered. The fifth case had been successfully vaccinated some years before. The disease ran a mild course, compelling him to remain in bed during the day for three days, but he took his part as leading man in the play each evening.

When these cases came under our observation, they bore evidences of the rash in small irregular-shaped spots, mostly about the size of a small split pea, with reddened depressed centers, cicatricial in appearance and shedding epithelial scales, the borders brownish, the discoloration fading gradually into the healthy skin. They were all diagnosticated by Dr. Curtis, of the State Board of Health, as small pox. To efficiently quarantine twenty-six persons, many of whom resented their retention and were ready to escape if an opportunity occurred, and in the absence of a hospital for contagious diseases, the local board of health was put to extremities. At first the troupe was quarantined in its traveling cars, but the difficulty of preventing the escape of the men, and the lack of facilities for separating the sick from the well, with the probability that other

cases would develop, required more ample quarters, and it was decided to charter the steamer "Onondaga," then lying unused at the dock. Transferring the entire troupe with their effects to her, she was moored at a breakwater in the lake, a sufficient distance from the shore to prevent danger to the townspeople, a corps of attendants and nurses put on board, and communication maintained with the shore by a messenger in a small boat. Provisions were supplied, and I paid one or two visits to the troupe daily as occasion required. The steamer being nearly 200 feet long gave ample quarters for the well persons, a large airy cabin and promenade deck for the sick and nurses, allowing complete isolation, another cabin for suspected cases, besides galleys, dining room, and a furnace in which all the refuse and body discharges were burned. In twenty-four hours a first class quarantine ship was equipped, provisioned and occupied.

All the persons in whom the vaccination was successful were discharged after disinfection in the following manner: Their clothes were thoroughly aired and their bodies bathed for two or three days. On the day of leaving, the clothing and effects were exposed to formaldehyde gas for several hours, their bodies bathed in soap and water and then in bichloride of mercury, 1 to 1,000. They dressed in a clean room and were rowed to shore. Those that were not infected were detained on the boat for two weeks, disinfected in the same way and discharged. The sick ones were detained for some days after the pock marks had ceased to show any scaling, it being considered that all danger was then passed.. The steamer was afterward scrubbed, and disinfected with bichloride of mercury, sulphur and formaldehyde gas.

Two cases developed after the quarantine was established:

C. W. C., aged 22, never successfully vaccinated, had fever, nausea, vomiting, malaise and pains in back and limbs. The second day, a papular rash appeared on the forehead and face, extending progressively over his arms, body and legs, involving also the mouth and fauces. On the fourth day, some papules became vesicular with flattened tops and then umbiliated. On the sixth day, many became pustules and by the ninth day the rash was wholly pustular. There was intense tumefaction and congestion of the skin, tissues of the eyes, tongue and throat, causing great pain, closing the eyes and allowing ingestion of liquids only with difficulty. On the tenth day, the pustules began to break, forming confluent crusts that covered the chin and forehead. The primary and secondary fever was marked. Convalescence was very rapid and he was discharged on the thirty-first day quite well, but each pustule left its cicatricial mark, which, however, showed daily improvement. The treatment was symptomatic, and after the first stage, cloths saturated in cold carbolic lotion, 1 in 30, were kept continuously applied to the surface to exclude the light and relieve the pain, and as an antiseptic measure

On the tenth day of the quarantine, E. D., who then had a large umbilicated vesicle on his arm from vaccination, became sick with nausea, malaise fever and pains. In four days he had a well-developed attack of varioloid, with many vesicles, which soon became pustules and then rapidly disappeared, the general symptoms being very mild. He had evidently become infected before being vaccinated, but his attack was anticipated and modified by the vaccination.

The epidemic is interesting and serves to teach us the necessity of great care in the diagnosis of contagious cases. This troupe's course through the state is marked by the trail of disease left behind, in all upwards of 160 cases, and still epidemic in Livingston, Genesee and Tompkins counties. It appears that the disease has existed at McLean in Tompkins county ever since the visit of the company last May. It was thought to be impetigo contagiosum until last week, when its true nature was discovered, but not before twenty-one persons were attacked and hundreds more exposed.

It is, however, a sense of satisfaction to the Board of Health of Geneva to know that the disease was effectually stamped out in the members of the company that came under its care. As far as can be learned, but one case has developed among them, or from them, since their discharge. This man, before reaching Geneva, wrote to his wife in Pennsylvania. She became infected from the letter and had an attack of varioloid. He was successfully vaccinated and discharged from our quarantine, but upon returning to his wife became infected from her, and had varioloid two weeks later himself.

The disease itself seems to have been of a modified form. Most of the cases were mild, even in the unvaccinated, though there were many of true variola. In the troupe of nearly thirty persons living day and night in two cars and exposed to the infection for two months only eleven contracted the disease. One of these carried it to Georgia, where several other persons were infected from him; another was treated in Buffalo, one in Ithaca, one in Pennsylvania, and seven on the quarantine boat in Geneva.

MORPHINE DERIVATIVES.—Dresser (*Therapeutische Monatshefte*, No. 9, 1898,) says that heroin produces a stronger sedative action on the breathing than morphine or codeine, over which latter it claims the exceptional advantage that its lethal dose only amounts to one hundred times as much as the ordinary dose. According to Dr. Floret it should be administered with saccharine cough mixture in doses from 0.0005 to 0.01 grammes. Heroin is specially effective in relieving bronchial asthma. The preparation appears to possess no anodyne powers.—*Med. Age.*

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Women Physicians—History of Homeopathy—Medical Officers of the Civil War—Individual Members of the Profession.

[*Continued from the December edition.*]

Medical Press of Western New York.

A periodical with the foregoing title was established at Buffalo in August, 1885; at least a number of physicians met during that month and organised a stock company for the purpose of publishing and maintaining a new medical journal, that was subsequently given the name and title of "The Medical Press of Western New York." The stockholders were nearly all physicians residing in Buffalo and the amount subscribed was understood at the time to be about $2,000.

The first number of the magazine appeared in November, 1885, and was in size a small octavo of fifty-two pages. It was edited by Dr. Roswell Park, with the assistance of Dr. Matthew D. Mann, of Buffalo; Dr. Ely Van de Warker, of Syracuse, and Dr. W. J. Herriman, of Rochester. In its salutatory it made the customary appeal to the conventional "kind reader" after the fashion of the rural weekly newspaper, and announced its "policy" in part as follows:

"Let it be the rôle of the large and excellent metropolitan weeklies to serve as advertising mediums for the publishing houses which control them. The Medical Press Association of Western New York has nothing to advertise, neither man, nor clique, nor books; nothing, save the fact that it undertakes the publication of a first-class medical journal, of the profession and for the profession, and deems in this fact it finds its sufficient *raison d'etre*. Kind reader, what think you?"

Dr. Arthur M. Barker was its first business manager, but in July, 1886, Dr. Charles G. Steele succeeded him. Besides the associate editors first mentioned, the following physicians also served in that capacity: Drs. Charles G. Stockton, DeLancey Rochester, J. H. Pryor, of Buffalo, and W. E. Ford, of Utica.

The *Press* continued its publication until June, 1889, when its subscription list, good-will and effects passed into the hands of Dr.

William Warren Potter, who merged it with the BUFFALO MEDICAL JOURNAL.

MEDICINISCH-CHIRURGISCHES CORRESPONDENZ-BLATT.

For some time previously the German-American physicians residing in Buffalo had discussed the propriety of establishing a medical journal, but it was not put into practical working order until late in 1882. The first number of the magazine, bearing the above title, appeared in January, 1883, under the editorship of Dr. Marcell Hartwig. His associates were Dr. Schwartz, of Vienna; Dr. Reutor, of Berlin; Dr. Engel, of Philadelphia; Dr. Rachel, of New York; Dr. Erichsen, of Detroit; Dr. Proegler, of Fort Wayne, and Drs. Meisburger and Charles Weil, of Buffalo. It was published in the German language and made an excellent appearance. After a year and a half, however, it was discontinued for the lack of adequate pecuniary support.

V.—WOMEN PHYSICIANS.

The history of medical women in Buffalo and Erie county begins properly with the admission of Mary Blair Moody to the Medical Department of the University of Buffalo in 1874, that being one of the first medical schools to matriculate women. The college records give no account of any action on the part of the faculty concerning the admission of women. They were not denied the privilege by the charter, therefore it was not regarded necessary to take formal action in the matter.

Following her graduation, Dr. Moody practised medicine in Buffalo for several years. Subsequently she went to New Haven, Conn., where she still pursues the practice of her profession, and is known far beyond her immediate circle as a woman interested in all that pertains to the advancement not only of her sex, but of the race.

Prior to Dr. Moody there has been but one reputable woman physician in Buffalo, a Dr. Cook, who with her husband practised medicine according to the teachings of the homeopathic school. These physicians have long since removed from Buffalo, so but little can be learned of Dr. Cook's work here and nothing of her subsequent life.

Dr. Moody had an immediate successor in the college halls in the person of Mary Berkes, who matriculated in 1877. Miss Berkes was born at Williamsville in 1851, and as she had been a teacher before entering college, her preliminary education having been received

at Williamsville Academy, she was well up to the present standard of requirements. In 1880 she graduated from the university and immediately began the practice of her profession in Buffalo. During her first year she was the only woman in attendance, but later she had the company of others. She had the good fortune to be invited by Dr. White to attend many of his private operations in gynecology and was well equipped upon graduation. In January, 1886, Dr. Berkes married Dr. S. W. Wetmore, her former preceptor.

Since the Medical Department of the University of Buffalo first admitted women, seventy-two have received their diplomas, many of them with high honors. The complete list of the Alumnæ of the college is as follows:

Katheryn M. Bailey,[1] Buffalo, '89; Gertrude E. Beebe, Buffalo, '91; Ida C. Bender, Buffalo, '90; Alice McL. Ross Bennett, Buffalo, '90; Clara E. Bowen, Buffalo, '92; Marie L. Benoit, Sonyea, '96; Ava M. Carroll, '88; Evangeline Carroll, Buffalo, '93; Jane Wall Carroll, Buffalo, '91; Martha F. Caul, Buffalo, '91; N. Victoria Chappell, Buffalo, '92; Annie May Cheney, Franklinville, N. Y., '98; Georgia Cruikshank, Buffalo, '98. Isabel A. Church, B. S., New York, '93; Salina P. Colgrove, Ph. G., Salamanca, N. Y., '88; Amanda M. Congdon, Cuba, N. Y., '92; Annie B. Culver,[1] Des Moines, Ia., '84; Carro Julia Cummings, B. Ph., Buffalo, '97; Mary I. Denton, Buffalo, '91; Mary E. Dickinson, New York, '90; Louise Downer, Orchard Park, N. Y., '86; Ella May Doyle, East Concord, N. Y., '93; Amelia Dresser, Buffalo, '93; Alice B. Foster (Bryan Mawr), Wakefield, Mass., '91; Maud M. Foy, St. Louis, Mo., '97; Jane North Frear, Buffalo, '94; Maud J. Frye, Buffalo, '92; Anna Wadsworth Hatch, Sauk Center, Minn., '89; Margaret S. Hallick, B. S., Buffalo, '97; Mary J. Hayes, Kushequa, Pa., '97; Jeannette Potter Himmelsbach, Buffalo, '90; Mary M. Huntley, Buffalo, '96; Elizabeth Johnson, New York, '87; Sophia P. Jones, Six Lakes, Mich., '83; Rachel J. Kemball, Buffalo, '84; Regina F. Keyes, Buffalo, '96; Elizabeth M. King, Grand Haven, Mich., '93; Ada C. Latham, Buffalo, '92; Cora Billings Lattin, Buffalo, '94; Emma C. LeFevre, Elmira, N. Y., '92; Elizabeth Fear Leffingwell, Summit, N. J., '88; Caroline Lichtenberg, Buffalo, '98; Emma L. McCray, Lovell's Station, Pa., '91; Marjory J. McPherson, N. Tonawanda, '97. Charlotte E. Mastin, Wellsboro, Pa., '97; Alice Long Mitchell, East Aurora, N. Y., '98; Jennie L. Messerschmidt, Bath, N. Y., '93; Mary Blair Moody, New Haven,

1. Since deceased.

Conn., '76; Helen Kennedy Moorehouse, Buffalo, '85; Nellie Edmunds Murray, Tonawanda, N. Y., '92; Sarah H. Perry, Rochester, N. Y., '82; Alice May Potter, Ithaca, N. Y., '97; Lillian Craig Randall, Buffalo, '91; Marie Ross, ————, '90; Mary E. Runner-Sanford, Buffalo, '81; Marie Cecelia Rotherham, Southport, Eng., '98; Sarah E. Simonet, Croghan, N. Y., '85; Mary Jane Slaight, Rochester, N. Y., '80; Ellen Robert Spragge, Buffalo, '88; Elizabeth M. Squier, Albion, N. Y., '93; Isabella H. Stanley, Dunkirk, N. Y., '83; Edith Winifred Stewart, Hume, N. Y., '98; Anna M. Stewart, Elmira, N. Y., '95; Clara B. Talbot Weidman, Rockport, Me., '90; Marian A. Townley, Ithaca, N. Y., '89; Amelia Earle Trant, Buffalo, '94; Bina Potter Van Denbergh, Buffalo, '83; Stella Cox Venable, Geneseo, N. Y., '88; Carolyn Westlake, Le Roy, N. Y., '97; Loretta E. Wooden, Rochester, N. Y., '—; Frances Weidman Wynds,[1] Brooklyn, N. Y., '91; Mary Berkes Wetmore, Buffalo, '80.

In the spring of 1892, upon recommendation of the medical faculty, the trustees of Niagara University voted to admit women to the medical department of that institution. Anna Earl Hutchinson, of North Evans, was the first woman to avail herself of this privilege. She entered college in the fall of 1892, graduating therefrom in 1895. Dr. Hutchinson has been appointed as woman physician on the medical staff of the Manhattan State Hospital, at New York City. In 1897, Miss Mary O'Malley received the diploma of Niagara University. Dr. O'Malley is now serving on the staff of the Binghamton State Hospital.

In connection with the history of medical women in Buffalo, the work of the Women's Union in securing the appointment of women physicians to state hospitals deserves mention. At the monthly meeting of the protective committee, which the Union held in September, 1889, the president, Mrs. Harriet A. Townsend, first proposed their employment in the state hospitals for the insane. On November 4, 1889, letters were sent to fifty-seven superintendents of hospitals for the insane, asking if they employed women physicians, and whether they would approve of women physicians being put in charge of their own sex. Forty-six answers, from thirty-two different states, were received, and of these, thirty-three were favorable, five were opposed, five were noncommittal, and three not prejudiced. Armed with such approval the directors of the Union, on January 7, 1890, authorised Mrs. Townsend to prepare a bill on the subject.

1. Since deceased.

It was presented in the Assembly by the Hon. Wm. F. Sheehan and in the Senate by the Hon. John Laughlin, January 14. Although in committee the bill had a stormy time, it passed the Assembly, March 27th, with only two negative votes and on April 2d the Senate, with a majority of twenty-six to three. April 27th the bill received the signature of the Governor and became a law.

The first physician to be appointed under the law was Dr. Eleanor McAllister, a graduate of the Syracuse University, who was placed on the medical staff of the Buffalo State Hospital by Dr. J. B. Andrews. Owing to ill health Dr. McAllister resigned in October, 1892, and removed to Southern California, where she has since resided.

Dr. Helene Kuhlman succeeded Dr. McAllister and is the present incumbent. Dr. Kuhlman was born in Hamburg, Germany, in 1869, and received her preliminary education in the schools of that city and in Zurich, Switzerland. In 1887, she came to New York and entered the Woman's Medical College of the New York Infirmary, graduating therefrom in May, 1890. She has served as resident physician or interne in the Nursery and Child's Hospital, Staten Island, in the Babies' Hospital, New York, and was engaged in private practice for a short time at Cleveland, Ohio.

There are now in Buffalo engaged in active practice of medicine between twenty and thirty women. Death has removed from the ranks some who have located here, some have married, while several follow the profession of teaching, two at least with eminent distinction, Dr. Amelia Earle Trant, of the High School, and Dr. Ida C. Bender, supervisor of primary grades. Some of these women have acquired such local fame that mention of their work seems justifiable. This historical sketch, indeed, would be incomplete without something concerning them beyond the mere record of their names.

Electa B. Whipple, daughter of Daniel and Charlotte (Alverson) Whipple, was born at Gowanda, Cataraugus county, N. Y., and received her early education in the common school and the Gowanda High School. Subsequently she entered upon a preparatory classical course for college in Genesee Wesleyan Seminary, at Lima, N. Y., and after completing the same entered Genesee College, located at the same place. After two years spent in Genesee College she entered Syracuse University, from which she graduated in 1874, receiving the degree of A. B., and in 1877 the degree of A. M., from the same university. From the Medical College of Syracuse

University she graduated in 1884, receiving the degree of M. D., and at once entered upon the practice of medicine. On May 1, 1888, she formed a copartnership with Dr. Anna Fiske Crowell, who was her classmate in the medical college and they then located at Buffalo. This relation continued until the death of Dr. Crowell, September 2, 1888. Since that time Dr. Whipple has continued the practice of medicine at Buffalo.

She has been a contributor to the BUFFALO MEDICAL JOURNAL and was a member of the editorial staff of the Woman's Edition of the JOURNAL, published in June, 1896. She is a member of the Alpha Phi Society, of the Buffalo Microscopical Society, of the Physicians' League, of the Medical Society of the County of Erie and of that of the State of New York, and a Fellow of the Buffalo Academy of Medicine.

Dr. Jessie Shepard, perhaps the leading woman of the Homeopathic School, now practising in Buffalo, was born in 1861. Her mother belonged to one of the pioneer families of Buffalo. She was educated at the High School, at that time known as the Central School. In 1884 she entered the office of the late Dr. A. C. Hoxsie as a student of medicine. In 1888 she graduated from the Boston University School of Medicine, serving during her senior year as interne of the Massachusetts Homeopathic Hospital. After five years of practice in Buffalo, Dr. Shepard spent the year 1894 in Europe, chiefly in Schauta's clinic, in Vienna, in the study of gynecology and obstetrics. She is now in active practice in Buffalo. Dr. Shepard is assistant obstetrician at the Buffalo Homeopathic Hospital, and a member of the American Institute of Homeopathy, the Homeopathic Medical Society of the State of New York, the Western New York Homeopathic Medical Society, and the Erie County Homeopathic Medical Society. She is also corresponding secretary and treasurer to the Buffalo Microscopical Society.

Dr. Rose Wilder was born at Akron, Erie county, N. Y., in 1857. She received a high and normal school education, and in 1891 entered the Homeopathic College of Michigan University, graduating therefrom in 1884. She served two years as resident physician in the Industrial Home for Girls, at Adrian, Michigan. Dr. Wilder practised for two years in Akron, and then entered Boston University School of Medicine for post graduate work. In 1889 she began the practice of medicine in Buffalo, where she has since been located. She is assistant obstetrician to the Buffalo Homeopathic Hospital and a member of the Western New York

Homeopathic Medical Society and of the Erie County Homeopathic Medical Society.

Dr. Jane Wall Carroll was born at Paterson, New Jersey, February 20, 1848. She received her early education at Mount St. Vincent Academy on the Hudson, leaving that institution in 1864. She married Peter V. Carroll, of New York, May 13, 1867, and came to Buffalo in 1878. She entered the Medical Department of the University of Buffalo and graduated therefrom in 1891. Following this she took post graduate work at the Polyclinic in New York. Dr. Carroll was one of the pioneers in the Woman's Educational and Industrial Union, having been for five years a vice-president and director. During the early years of her residence in Buffalo she was leading soprano in St. Joseph's Cathedral. Dr. Carroll has been president of the Physicians' League, and a member of the Medical Society of the County of Erie, and a Fellow of the Buffalo Academy of Medicine.

Dr. Carroll is the mother of ten children, the eldest of whom, Evangeline Carroll, graduated from the Medical Department of the University of Buffalo in 1893. Her eldest son, William Carroll, is a graduate of the Buffalo Law School. Her husband, Peter V. Carroll, died in April, 1896.

Maud Josephine Frye was born in Concord, Erie county, N. Y. Her early education was obtained in the district schools of her native town. In 1885 she graduated from Griffith Institute, Springville, N. Y. In the autumn of 1889 she matriculated in the Medical Department of the University of Buffalo, having previously to this studied medicine with Dr. W. A. MacFarlane, of Springville, for one year. In 1892 she graduated from the University with highest honor, being the first woman to attain the distinction in this school. Until May, 1893, Dr. Frye served as interne in the Woman's Hospital at Detroit. Since that time she has practised medicine in Buffalo. She has been clinical instructor in diseases of children in the University Dispensary and is a visiting physician to the babies' ward of the Erie County Hospital and a member of the staff of the Buffalo Woman's Hospital, a member of the Physicians' League, of the Medical Society of the County of Erie, and a Fellow of the Buffalo Academy of Medicine.

There are several other women physicians in Buffalo whose sketches we should like to add did space permit, but we can only mention one other. Dr. Lillian Craig Randall, U. of B. '91, is the only woman physician in the state, we believe, to establish and

successfully maintain a hospital for a term of years. The Riverside Hospital must ever be a monument to her energy, and through it will always lie her claim to renown.

VI.—The Homeopathic Practice of Medicine in Erie County.[1]

Nearly three score years ago, among the settlers that were rapidly filling the thriving village of Buffalo, and establishing its supremacy over its progressive and prominent rival, Black Rock, was a young physician who, filled with professional enthusiasm and encouraged by the prospects of the little town, determined that here should be his future home. He brought with him a good general equipment for the responsible work in which he was about to engage, having taken his degree in the Medical Department of Yale University, but he could not have guessed as he passed through the quiet streets of the village that he was to be the leader in it of a system of medical practice then only just becoming known, or that the little country town was to be one of the great cities of the world.

Dr. N. H. Warner, although not the first in Buffalo to employ homeopathic methods, as Dr. Stephens had preceded him by several years, was yet entitled to be considered the pioneer by reason of his long and important work here and the prominent position which he achieved. He was a quiet, dignified man, reserved in his confidences, but true and loyal to his friends. He had a rarely magnetic presence, a quick insight, together with a firmness and a self-reliance that gave evidence of conscious power. It was not remarkable, therefore, that he rose rapidly in the confidence and in the esteem of his fellow-citizens. He already had made for himself an enviable position in the community, being at this time physician in charge of the Marine Hospital, when he became interested in the new practice which some German physicians had brought from Hahnemann, who was then in the height of his fame in Paris. It soon became evident to him as his studies progressed that a great natural law had been opened up, and believing the apostolic injunction, "prove all things, but hold fast that which is good," he began immediately to make application of his newly acquired knowledge. It was not until 1844, however, eight years after having settled in Buffalo, that we find in his diary, under date of February 6th, the following note: "This day I have made my first purely homeopathic prescription." And then followed a period of

1. For this section the historian is indebted to Dr. F. Park Lewis, who kindly prepared it at his request.

"storm and stress." He was expelled from the County Medical Society, of which he had been a member; professional differences were engendered, with bitter controversies, extending even into the personalities of life; liberty of thought and of action were threatened, and then, with all the pain and suffering that nature seems to have designed as an inevitable accompaniment of such fulfilments, was born in Buffalo the Homeopathic School.

The new practice was destined soon to be tried as by fire. In 1849 cholera came. Dr. Warner's practice had by this time grown to be very large, and during that fateful summer the demands upon his time and strength became too great even for his splendid constitution. His labor was almost incessant day and night, and when finally the scourge had passed it left him exhausted and broken; but his practice was vindicated and the future of homeopathy established. By this time, however, Dr. Warner was no longer obliged to defend the new faith single-handed and alone. Others were led to investigate the homeopathic system through the success which had followed its adoption wherever faithfully tried, and one of the earliest practitioners following Dr. Warner was Dr. George W. Lewis, who in 1849 came with the degree of the University of New York. Dr. Dio Lewis also established himself here, and soon became known throughout the country, through his lectures and writings on hygienic subjects. Dr. P. W. Gray also followed about this time and then came Dr. G. H. Blanchard and Dr. S. Z. Havens, both of whom settled permanently in the then well-grown town.

In 1853 Dr. A. H. Beers, who in many respects was a most remarkable man, came to Buffalo and formed a partnership with Dr. Warner. Dr. Beers was a man liberally educated in the arts as in medicine. He was a graduate of Yale College and of the University of New York. To the culture of a gentleman he added the skill of a trained physician, and the new method of practice, which by this time had a large body of adherents among the most thoroughly representative people of the town, became still more popular. This partnership continued for two years, when Dr. Beers opened a separate office. In 1853 came again an epidemic of cholera, and this time, although the number of homeopathic physicians had increased, the labor which each performed was stupendous.

On the 11th of May, 1856, Dr. A. S. Hinckley began his practice in Buffalo. During that same year Dr. L. M. Kenyon, of Westfield, became Dr. Warner's partner, and in 1859 Dr. A. R. Wright, a former student, became also an associate in the same office.

During these years the Drs. Ehrmann, German physicians of unusual skill, established themselves in Buffalo, and soon had a large and loyal following. They subsequently removed to Cincinnati, where they acheived a national reputation.

By this time a sufficient number of medical men had adopted the newer practice to give the movement a strength that was not inconsiderable and an action was taken which was of critical import in its bearing upon the subsequent medical history of the city.

On December 14, 1859, fifteen members of the homeopathic practice met and formed a society which was to be known henceforth as the Erie County Homeopathic Medical Society. It had for its object "mutual benefit and the advancement of medical science in general."

The first officers chosen for its management were Simon Z. Haven, president; Charles E. Schuch, vice-president; Lorenzo M. Kenyon, secretary; Alvin Shattuch, treasurer; censors, N. H. Warner, Charles E. Schuch, George W. Lewis, Alfred H. Beers and A. S. Hinkley.

The following year, uniting with other similar societies and with representative men from other counties, the New York State Homeopathic Medical Society was organised.

The development of the homeopathic practice from this time on was very rapid. In the early sixties events followed each other in quick succession. The excitement with which the war was ushered in was followed by a suspense like that between the lightning flash and the crash of thunder. Into these intervals came the bulletins from the seat of war, with now and then a call to action. The sentiment of loyalty to the flag, which absorbed personal ambitions, and even stronger interests, in the hearts of many of the bravest men in the country, did not fail to secure its recruits from the medical profession, and among those who early hastened to the front was Dr. Nehemiah Osborne. He returned with honor when the war was over, and for thirty years more continued to fight disease and death in our city, until he himself was vanquished by the last great conqueror.

In 1862 Rollin R. Gregg, M. D., began his practice in Buffalo. Dr. Gregg was a man of intensely strong convictions and one of the most consistent representatives of pure homeopathic methods in America. He believed in the accurately selected similimum, the single remedy, and the attenuated or potentised dose. He rarely used adjuvants, and was exceedingly careful in his sanitary regula-

tions. He had a distinctive, but a large and representative practice, his clientéle extending over the entire country, and he exercised a marked and lasting influence upon the practice in Buffalo.

In 1864, Dr Augustus C. Hoxsie began practice as an associate of his former preceptor, Dr. A. R. Wright, and a few years later, having become firmly established in the esteem of the community, opened an office for himself. He was markedly successful from the first. In a dozen years his practice had reached very large proportions, and before his death it was exceeded in extent and character by that of no other practitioner in Buffalo. Dr. Hoxsie was not a large man, but he had a remarkable personality. Quick and keen mentally, active in his motions, self-possessed and self-controlled, he gained the confidence and esteem of his patients to an unusual degree.

In 1865, Dr. J. W. Wallace was president of the county society, and Drs. H. N. Martin, G. C. Hibbard and Lyman Bedford were among the new members. At a meeting of this organisation in October, 1867, the names of Drs. Hubbard Foster, E. C. Cook and Alexander T. Bull were proposed and accepted for membership. They had come to Buffalo only a short time previous, but they soon acquired large practices and became influential in the school, as in the community, to which they belonged.

The name of Dr. Henry Baethig was also added to the society records about this time, and subsequently that of Dr. George F. Foote. But from 1869 forward the additions to the ranks were too numerous to allow even a bare mention of the names of those who served the cause, and we are obliged to limit ourselves so far as individual mention is concerned strictly to those who, having finished their work among us, are entitled to the distinction of having made the "history" of homeopathic medicine in Buffalo.

Those of us who are still making history, and cannot date our work back farther than a quarter of a century, will have to look to future volumes and future chronicles for a recognition of individual service.

Among those whose claim to our space is sadly undisputed is Dr. S. N. Brayton, whose genial face and bluff, hearty manner will long be remembered by those who counted themselves fortunate as his friends or patients.

Another joyous spirit, whose sudden departure from among us left deep sorrow in the hearts of his brothers in the profession, was Dr. Louis A. Bull. Dr. Bull was one of the brightest and most energetic of the younger men in the school. He had chosen laryngology as

his special work, and had already secured broad recognition in this department. His personal characteristics of strength, genuineness and good fellowship, no less than his professional skill, won for him a multitude of friends outside of the profession, who still mourn his early death, which occurred in November, 1894.

In October, 1895, Dr. Abby J. Seymour was accidentally killed. Dr. Seymour was one of the women whose work had given character to homeopathy in Buffalo, and her sad death was a shock to the entire community and an occasion of deep regret.

(*Continued next month.*)

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.

Reported by THOMAS F. DWYER. M. D., Secretary.

THE regular quarterly meeting was held at the Academy parlors, Tuesday evening, December 6, 1898.

The President, Dr. ROSWELL PARK, called the meeting to order at 9 o'clock p. m.

The minutes of the last quarterly meeting were read and approved.

The council recommended the election for resident membership of the following applicants: Drs. Prescott Le Breton, Wm. R. Henderson, Lewis H. Denton, James A. Gibson and L. E. McC. Pomery. They were separately balloted for and elected Fellows of the Academy.

The resignation of the treasurer, Dr. Charles S. Jewett, who has gone to Europe, was read and accepted.

Dr. Eugene A. Smith was nominated and elected to that office for the unexpired term.

The section of surgery provided the following program: The curability of cancer, N. Jacobson, M.D., professor of clinical surgery, University of Syracuse. Discussion by Drs. Parmenter, Gaylord, Pease, Park, Blaauw, Benedict and Van Peyma. Colles's fracture, by Edward M. Dooley, M. D. Discussion by Drs. Jacobson, Grosvenor, Walsh and Van Peyma.

On motion the thanks of the Academy were tendered Dr. Jacobson for coming to Buffalo to read his interesting paper.

Attendance, 49. Adjourned at 11 p. m.

Selections.

SUGGESTIONS REGARDING A LABORATORY OF NEUROLOGY AND PSYCHOLOGY AT THE UNIVERSITY OF PENNSYLVANIA.

By CHARLES K. MILLS, M. D., Philadelphia, Pa.,

Professor of mental diseases and of medical jurisprudence in the University of Pennsylvania.

OF THE subjects set apart as specialties by universal consent, neurology—under which general designation psychiatry should be included—is one of the broadest. In investigation and in literature more advances have been made in recent years in this than in other of the special branches of medicine. Far-reaching discoveries in psychology, and in the anatomy and physiology of the nervous system have been developed. Much of the work has been done abroad, although during recent years, some zealous and energetic American workers have successfully entered the field. The methods of neurological teaching have made comparatively little advance in this country; and to prepare for research, teaching and practical work at home, the American student seeks the well-equipped neurological and psychological laboratories of Europe.

One of the special objects of this communication is to call attention to some of these deficiences, to make suggestions as to their remedy, and to appeal to those interested to assist in putting on a firm foundation the teaching of this subject at the University of Pennsylvania.

It is not the intention of the writer to criticise the university authorities or any of its teachers. The conditions which exist are due largely to lack of clinical and laboratory facilities, which has necessitated the perpetuation of methods not fully abreast of the times; and it is our hope that, if attention is clearly called to this need, the friends of advanced medical education, and especially those interested in psychology and neurology, will come forward with material assistance.

Although the methods of neurology at the University of Pennsylvania are as good, if not better, than those followed in nearly all the American medical schools, they are but little better than those which prevailed twenty years ago. One clinical lecture a week is delivered by the clinical professor of nervous diseases in the hospital of the university, this instruction being supplemented by some

practical work in nervous diseases and electrotherapeutics by assistants. In addition, the writer gives during four months of the regular medical course a weekly clinical lecture on either mental or nervous diseases to those students of the fourth year who elect such instruction. The material of these lectures is drawn from the neurological department of the Philadelphia hospital, in the arena of which institution the lectures are delivered. The professor of the practice of medicine and of the practice of clinical medicine also gave limited attention to nervous diseases. Neurology, so far as examinations are concerned, is ranked among the "major electives" of the fourth year, the students being examined for their standing in this elective by the clinical professor of nervous diseases. Practically all neurological courses at the university are optional.

The results attained by this imperfect method of teaching a subject so important are sometimes shown in the examination for internes by the hospitals of Philadelphia. The student will learn to respect the subject and to pursue it with diligence when it is made one of the compulsory branches, one on which he must pass a satisfactory examination before receiving his diploma. The neurological instruction offered to students of the university should not be limited to that furnished by one or even by two chairs.

If the medical department of the university had in official connection with it a hospital for the insane, or well-equipped and well-endowed wards for patients suffering from mental diseases, it might be well to have the chair of psychiatry entirely separate from that of neurology (excluding psychiatry); but under the conditions it is probably best, as at the present, to have two clinical professors, each teaching both psychiatry and general neurology. In any case the teacher of psychiatry should be classed with the other professors, having the same recognition as is accorded to others holding chairs of equal importance.

By extramural professors and lecturers the abundant and valuable neurological material of various hospitals in the City of Philadelphia could easily be made accessible to those university students who are especially interested in neurology.

A hospital or hospital wards for nervous and mental diseases should be organically united with laboratories of research. It is only by supplementing careful work in hospital and private practice, by laboratory research and teaching that the best results in the diagnosis and treatment of diseases of the nervous system can be

achieved. Why should not the alumni and friends of the university, and those interested in maintaining the preëminence of Philadelphia as a medical center, lend their assistance to this end by contributing the funds to erect on the grounds of the university a building which, I would suggest, might well be made a testimonial to Dr. S. Weir Mitchell, by designating it the Weir Mitchell Laboratory of Neurology and Psychology?

The name of Weir Mitchell holds the first place in the neurological history of this country. As physician, investigator and author he is one whom all should desire to honor. It is fit that a recognition of his position and services, recalling the field of medicine in which he has so successfuly labored, should be made in connection with the University of Pennsylvania, to the development of which he has so largely contributed.

Should the project be realised, it might be best to combine under one roof, or in connected buildings, opportunities both for research and for teaching, so that to advanced undergraduates and to post-graduates instruction in experimental psychology, and in the anatomy and pathology of the nervous system, could be offered either in independent courses or in connection with clinical neurology, while special researches could at the same time be pursued in rooms set apart and properly equipped.

The neurological laboratory should contain models, diagrams, and gross preparations of the brain, spinal cord, peripheral nerves and sense-organs; mounted specimens of both normal and abnormal tissues; and the preserving fluids, reagents, jars, microtomes, microscopes and other appliances necessary both for research and for teaching. It is impossible to gain any accurate knowledge of nervous pathology, except by the actual study of the specimens. In the teaching of students, and even in research, such study is too often divorced from clinical investigation. In this laboratory would be gradually accumulated an invaluable collection representing the pathological anatomy of nervous diseases.

In connection with this laboratory should be a photographic room, with the necessary appliances for taking photographs of cases which appear at the out-door and in-door services of the hospital. Much material, valuable in illustrating neurological lectures and contributions, is lost for lack of such facilities.

With a laboratory of psychology closely connected with such a neurological laboratory and with hospital wards, psychometric and reaction-time researches, studies in sense phenomena, and in memory,

and psycho-physiological investigations in general, could be made on the diseased as well as on the healthy.

From such laboratories would go forth publications containing the results of much original investigation.

The director of such a laboratory, or of its neurological subdivision, should be professor of neuropathology, and for the more efficient development of the subject should also be one of the physicians to the neurological wards.

It may be said that other matters of greater importance await completion before the energies and the material aid of the friends of the university should be directed to the development of a special subject or branch of instruction like neurology; but experience has shown that often several movements of a somewhat similar character can be carried forward together with almost as much ease as one. A specially announced purpose in the development of the University of Pennsylvania during the ensuing year is the erection and endowment of new laboratories. It is to be a "laboratory year" preëminently and why should not a neurological and psychological laboratory, which has so much to commend it in the ends of the medical department, be included in the list of the important additions soon to be made to the university?

If four years, the time now embraced in the full course of instruction in the University of Pennsylvania, as in other medical schools of equal rank, is not sufficient to carry out methods of instruction such as would be indicated by the suggestions as to the teaching of neurology in this communication, a course of five years should be speedily established, but it may not be absolutely necessary to do this at present if the curriculum was thoroughly organised.—*University Medical Magazine*, November, 1898.

ANNUAL REPORT OF BRIG.-GENERAL GEORGE M. STERNBERG.

Surgeon-General U. S. Army.

[*Abstract.*]

HEALTH OF THE TROOPS.

In my opinion the reduction of the age limit from twenty-one to eighteen years and the haste with which the volunteer regiments were organised and mustered into the service were responsible for much of the sickness which was reported in the early days of their camp life. All military experience shows that the young men under

twenty-one years break down readily under the strain of war service, and every regiment had many of these youths in its ranks. Medical examiners were appointed to testify to the physical qualifications of each man before acceptance, but, notwithstanding this, which at the time was characterised in the press as a very rigorous procedure, so many men were afterward found on the sick lists of the camps unfit for service, from causes existing prior to enlistment, that special arrangements had to be made for their discharge.

Soon after the newly-raised levies were aggregated in large camps sickness began to increase progressively from causes that were so general in their operation that scarcely a regiment escaped from their harmful influences. These causes may largely be referred to ignorance on the part of the officers of the principles of camp sanitation, and of their duties and responsibilities as regards the welfare of the enlisted men in their commands. Medical officers, as a rule, were also without experience in the sanitation of camps and the prevention of disease among troops. The few who knew what should be done were insufficient to control the sanitary situation in the large aggregation of men hastily gathered together. Officers and men in these camps were rife for war, and drill, parades, practice marches and military camp duties occupied the whole of their time and energies. Considerations of domestic economy and sanitation in the companies and regiment were not given proper attention, and men who were being taught to meet the enemy in battle succumbed to the hardships and unsanitary condition of life in their camps of instruction.

The sites of certain of the camps have been instanced in the newspapers as the cause of the sickness which was developed in them; but a review of the whole situation shows that it was not the site, but the manner of its occupation, which must be held responsible for the general spread of disease among the troops. On April 25, 1898, foreseeing the likelihood of unsanitary conditions in the camps of our newly-raised troops, and with the view of preventing them I issued Circular No. 1 from this office, impressing upon medical officers their responsibility in sanitary matters and the necessity for a strict sanitary police, particularly in the care of the sinks and in the preservation of the camp area from contamination. But the density of the military population on the area of these contracted camps prevented the possibility of good sanitary condition. Camps of this character may be occupied for a week or two at a time without serious results, as in the case of National Guardsmen out for ten days' field practice during the summer, but their continued occupation will inevitably result in the breaking-down of the command by diarrhea, dysentery and typhoid fever.

UNSANITARY CONDITIONS REMEDIED.

Practically nothing was done to make the men comfortable or to remedy the unsanitary conditions until these were brought to the attention of the Secretary of War by inspectors sent out by special

orders from the War Department. Then the camps held for so long were abandoned, but not before the manifestations of typhoid infection were rife in them. New sites were carefully selected, regimental camps were expanded, company tentage increased and board flooring provided. Then, for the first time, the troops went into camps suitable for continued occupation.

One prominent cause of the increase of sickness in the early camps has been commented upon by only a few of our medical officers. These cite the prevalence of drunkenness and of disease, due to the facilities and temptations afforded by the proximity of cities to the larger camps. They hold that if the systems of the men had not been weakened by dissipation they would not have succumbed so readily to the other influence which affected them.

Malarial fevers added to the sick lists of camps in Florida and of Southern regiments in the camps of Georgia and Virginia.

It was, however, typhoid fever which broke down the strengths of the commands generally, the outbreak becoming distinctly manifest in July. Sporadic cases appeared in most of the regiments in May and June, these cases having been brought in many instances from the state camps. In fact some regiments, as the 15th Minnesota, suffered more from this disease at their state rendezvous than any of the regiments in the large Federal camps. A few of the regimental commands in the latter may be said to have escaped visitation. The sanitary conditions affecting the commands in the various camps have been studied in connection with the prevalence of typhoid fever among the men by a board of medical officers, consisting of Majors Reed, Vaughan and Shakespeare, but the results of the investigation of this board have not as yet been reported in full. It appears to me, however, from a general review of the sanitary reports already filed, that the prevalence of the disease was proportioned to the unsanitary camp conditions which I have referred to. My circular No. 1, already cited, was intended to bring the danger from this fever to the notice of medical officers, with the view of obviating it. The probability of its communication to soldiers in camps through the agency of flies was pointed out as a reason for insisting on a sanitary police of the strictest character.

It is well known to the medical profession that this fever is propagated by a contaminated water supply, and it is now recognised that the great prevalence of this disease in an aggravated form in the camps of the Civil War was due to the use of surface and shallow well waters infected by typhoid excreta. To prevent transmission by the water supply I recommended the use of boiled and filtered water when a pure spring supply could not be obtained, and to enable an efficient filtration of suspected waters to be made, field filters of approved construction were issued on recommendation by the Quartermaster's Department.

CARE OF THE SICK AND WOUNDED.

As soon as the regiments were organised into brigades and divisions, preparatory to active service, it became the duty of each

chief surgeon of an army corps to see that the medical department of his command was organised to meet the casualties of battle. The object of the concentration of the troops was to accustom the regiments to operations in which they constituted the units of a higher organisation.

Circular No. 2, from this office, dated May 18, 1898, in specifying the duties of the various medical officers of the army corps, indicated the character of the organisation to be adopted. The seriously sick were to be treated in division field hospitals (unless their transfer to a general hospital was advisable), under the care of the most experienced physicians and able surgeons on duty with each division. Medical officers left on duty with their regiments were to exercise sanitary supervision over the well men and to determine whether a soldier reporting himself sick should be sent to hospital or remain as a trivial case under treatment in quarters. This consolidation of the medical force by divisions, implying, as it did, the breaking up of the regimental hospitals, met with a strong opposition from regimental medical officers, particularly from those who were not detailed for special service at the division hospitals. Regimental commanders also were in many instances opposed to it, forgetful that the object of the medical department, as of the line, was to get into training for field service. Similar objections were raised in 1862 and 1863 to the establishment of the division hospitals, but the Civil War instead lasted long enough to demonstrate the superiority of this system.

THE FIFTH ARMY CORPS.

Long before the Fifth Army Corps embarked for Cuba its field hospitals were in condition for efficient service. Subsequent events, however, rendered valueless these preparations of the Medical Department. When the command embarked on the transport vessels, the baggage wagons and mules were left behind. The ambulance trains of all the divisions, with a large part of the outfit of each of the hospitals, were also left behind. Three ambulance wagons were taken apart and stored on one of the vessels. These did excellent service at San Juan and El Caney. Ten of the ambulances of the Third or Reserve Divisional Hospital were subsequently shipped to Cuba, where they arrived July 2d and were of value in moving the sick and wounded to the hospital at Siboney and to the hospital ships and transports.

Of the property and supplies carried to Cuba, a portion was not available for service at the time it was most needed, to-wit, on July 1st, 2d and 3d, when the wounded from El Caney and San Juan were coming from the front for care and treatment. This was because, in general, no opportunity was afforded to land the medical property. Earnest efforts were made by medical officers to have supplies at the front with the troops. Some having succeeded in getting their medicine chests and other articles of medical property ashore, had these carried forward on litters by hospital corps men to the camps near

Sevilla, while others turned their private mounts into packhorses for this purpose. During and after the battles at El Caney and San Juan there was an insufficiency of tents, cots, bedding and medicines, due to the causes stated, but all the hospitals were well equipped for surgical work.

After the capitulation of Santiago the troops at the front broke down rapidly under the fatigues they had undergone and the malarial influences to which they were exposed, but by this time an ample supply of tents, furniture, bedding, clothing and medical stores had reached Siboney, together with a corps of trained nurses and a force of surgeons, those sent to duty at the yellow fever hospital being immune to that disease. Meanwhile, to relieve the pressure on the field hospitals, such convalescents and sick as could bear the journey home were sent to the United States on transport vessels. This was an emergency measure, to relieve the hospitals at Siboney and permit of the transfer to them of the men who were sick in regimental camps.

The transfer of troops from Santiago to Montauk Point, New York, was also an emergency measure, and the great responsibility of excluding yellow fever infection from every transport rested on the medical officers who had charge of the embarkation. Had they failed in this duty, the effect would have been disastrous during the voyage to the men confined on shipboard, and the risk of importing the disease into this country would have been greatly increased.

THE CAMP AT MONTAUK.

In view of the necessity for the return of the troops of the Fifth Army Corps from Santiago, Cuba, preparations were made for encamping them at Montauk Point, Long Island. These included the establishment of temporary tent hospitals, not only for the treatment of the large number of sick brought by each command from Cuba, but for the isolation and treatment of these from transports lying under the suspicion of yellow fever infection.

The difficulties in the way of administering the affairs of the detention hospital were very great owing to the rapidity with which the transports followed each other in their arrival. As many as four reached the Point on some days from August 12th to August 31st, most of them bringing sick requiring detention for medical observation; but the sick men were as well cared for and as comfortable in their cots here as afterward, when transferred to the general hospital at Montauk Point. There was an excellent steam disinfecting plant on the grounds, with a formaldehyde chamber attached. The laundry work was done at a steam laundry near the hospital.

The temporary hospital, which was locally known as the general hospital, Montauk Point, consisted of tent pavilions, containing 1,672 cots. Its personnel consisted of 40 medical men, 8 stewards, 10 acting stewards, 130 privates of the hospital corps, 15 cooks and 50 male nurses, and an average of 200 female nurses, one-half of

whom were Sisters of Charity. Supplies of all kinds were amply provided.

It is needless to refer at this time to the complaints of starvation which appeared almost daily in the newspapers during the occupation of Camp Wikoff, for it is now generally understood that the weakness, prostration, anemia and emaciation of so many of the troops were the results of malarial, typhoid and yellow fevers, from which the Army suffered as a consequence of its exposure to the climatic influences and local infections of Santiago and its neighborhood pending and subsequent to the surrender of the city.

TROOPS IN THE HOME CAMPS.

The method of hospital organisation in the home camps was practically the same and there was much similarity in the conditions affecting them and correspondingly in their history. Regiments reported in but few instances with the material and supplies for their medical care, but they brought sick men with them, and these required immediate care. Provision had to be made for division hospitals, in view of the future field service, and for regimental hospitals, in view of the immediate necessity. The difficulties in the way of the contemporaneous accomplishment of these two objects were great, and they were greatly augmented by the inexperience of a majority of the regimental medical officers, and of many of the chief surgeons, which prevented them from seeing beyond the immediate necessity. The sick had to be cared for, and to this end medicines and other things had to be procured.

Relief societies offered assistance, and this was eagerly accepted by many of these medical officers, not alone for delicacies or luxuries not otherwise provided for, but for "supply-table" articles, which could have been had from the medical purveyors in their camps, or by telegraphic requisition on the Surgeon-General. It was easier to accept what was so freely offered than to learn how to obtain the articles from the proper source. To explain their prompt acceptance of this assistance, these officers referred to the red tape of the War Department methods, and the insinuation that the said methods were beyond the comprehension of the ordinary intellect was accepted by the sensational press as an explanation in full.

Meanwhile chief surgeons of corps and divisions began the organisation and equipment of their field division hospitals and ambulance companies, but they were met at the outset by the apparent impossibility of securing men for service as cooks, nurses, litter bearers, ambulance drivers, teamsters, etc. The Hospital Corps of the Regular Army could not supply these men, because recruiting for this corps progressed slowly. The popular tendency to volunteer led men away from the regular recruiting offices. When transfers from the volunteer regiments to the regular Hospital Corps were authorised, the men did not care to leave their local connections for service in the army at large as regular soldiers. The transfers, so much desired by the Medical Department to enable it to complete its organisation,

were not regarded favorably by line officers, for, although every line officer will probably acknowledge as a general principle that only the most intelligent and capable men should be employed to care for the sick and wounded, he is not likely to act on this general principle when it is a question of withdrawing for such service the most intelligent and capable men of his own company or regiment.

THE DIVISION HOSPITALS.

The division hospitals of the Army Corps were usually established in the immediate neighborhood of the regimental camps of the divisions. The pavilions were arranged in various ways, according to the configuration of the area available as a site; but in general there was a tendency to crowd the area. Surgeons in charge recognised that a tent should not be occupied by more than six patients, but sometimes this number was exceeded temporarily while waiting an increase of tentage. As a rule the hospitals were kept in campaigning condition, that is, the tents were neither framed nor floored, until the increased prevalence of typhoid fever attracted attention to their crowded condition, when the object of their existence became suddenly changed from a school for field service to a hospital for the treatment of a local outbreak of disease.

Special diet kitchens, under the management of capable individuals, were opened at most of the hospitals. Money for this purpose was sent to them by me from funds contributed and placed at my disposal. Money was also sent directly by individuals and representatives of aid societies, and the Red Cross committees supplied quantities of ice and milk, chicken, eggs, lemons, etc., pajamas, night shirts and other articles of hospital clothing, were also provided by the Red Cross and other societies. Subsequently the order authorising the commutation of the sick soldiers' ration at 60 cents rendered these hospitals wholly independent of outside assistance.

MEDICAL STATISTICS OF THE WAR.

The work of gathering up the records of sickness of the various commands in service during the war has been one of great difficulty. Volunteer medical officers were ignorant of the methods of keeping their records, and many failed to appreciate the importance of what was frequently regarded as "mere paper work" which had no practical bearing on the welfare of the men. Nevertheless, their work in this regard must be considered as satisfactory when compared with that of the volunteer medical officers of the War of the Rebellion.

My report represents tabulations compiled from monthly reports of sick and wounded received from May to September, inclusive, and representing a strength present of 167,168 men. These give full particulars of 1,715 deaths, of which number 640 were occasioned by typhoid fever, 97 by malarial fevers and 363 by diarrhea and dysentery. The death rates for May and June, .46 and .70 were not in excess of those of the Army in time of peace. In July the rate became somewhat higher than that of most well-cared-for cities, 2.15 for the month, or the equivalent of an annual rate of 25.80 per thousand

living. In August it became excessive, 4.08 for the month, equal to an annual rate of 48.96 per thousand. In September the influence of the energetic measures taken in July and August to improve the health of the army, become manifest in the falling of the death-rate to 2.45, or the equivalent of an annual rate of 29.40. The same progression to an acme in August, with a sudden fall in September, is seen in the various ratios given under the specific titles, typhoid fever, malaria fever and diarrheal diseases. This is exceedingly gratifying, and must be credited, as stated, to the sanitary measures adopted, for our experience in the Civil War demonstrates that in the absence of these measures the high ratio of August would have been continued for many months to come.

I submit also tables of absolute numbers and the ratio by which the incidence of sickness and mortality of the regular and volunteer troops may be contrasted. From these it will be seen that the exposures of the regular troops during the Santiago campaign gave them from June to September a higher death-rate than the volunteers, and that the rate of the latter during August, the month of maximum mortality, was 3.62, as compared with 5.83 among the regular troops.

VOLUNTEER RELIEF WORK.

My guiding principle throughout the war has been that relief, when needed, should be promptly accepted, without reference to the source from which it came. The relief afforded by the National Red Cross at Siboney was promptly accepted by the surgeons on the spot, but it is evident that it was entirely inadequate to meet the emergency. This association has had full authority to send agents and supplies to all of our camps since June 9, 1898, and it has contributed supplies of various kinds in almost liberal manner for the use of our field hospitals. Other organisations which have rendered very valuable services are the National Relief Commission, having its headquarters in Philadelphia and the Massachusetts Volunteer Aid Association, with headquarters in Boston. Both of these organisations fitted out hospital ships, which were placed at my service for the transportation of our sick from Porto Rico, and I take pleasure in testifying to the valuable services rendered by the yacht May, of the National Relief Commission, and the hospital ship Bay State, of the Massachusetts Volunteer Aid Association.

PROTONUCLEIN IN GENERAL PRACTICE.[1]

By G. W. SHERMAN, M. D., Detroit, Michigan.

(*From The Physician and Surgeon.*)

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MY FIRST practical experience with protonuclein was on myself. About two and a half years ago I was taken with a severe attack of acute catarrhal inflammation of the nasal mucous

1. Read before the Detroit Medical and Library Association.

membrane, which rapidly extended down the trachea into the bronchi. It began on Friday morning with an almost incessant sneezing, accompanied by blocking of the nose, fullness in the head and headache, followed later in the day by a thin, copious discharge from the nose, and an irritating cough. By 5 o'clock p. m. the same day my headache was severe, my limbs all ached, and on taking my temperature it registered 101°. I had had similar attacks before, none apparently quite so severe, which always run a course of from one to three weeks. I had tried quinine and other remedies without any appreciable benefit, and was a willing subject to try something new. I had a few samples of protonuclein and began to take them *ad libitum*, starting about 5 o'clock in the evening. By Saturday morning I felt some better and continued taking the preparation through all that day, still *ad libitum* and by evening, twenty-four hours after I began its use, felt considerably improved. I continued taking more during Sunday, when my nose cleared up, and the headache, fever, cough and soreness in my limbs disappeared. By Monday evening, after three days' treatment, I was practically well and attended a meeting of the Detroit Medical and Literary Association. Since then I have always prescribed protonuclein in these acute catarrhal affections with the same happy result. Experience has taught me that the proper dose for such cases, in the adult, is from six to twelve grains, repeated every two to three hours. The treatment should be continued with smaller doses for a few days after the disease has disappeared to prevent a relapse.

I have found protonuclein especially useful in the treatment of broncho-pneumonia in infants and children. In these cases I generally give from two to four grains, according to age, repeated every two to three hours, and find that a recovery takes place in from three to five days. I have had remarkable success in treating pneumonia with this preparation and will briefly report three cases:

CASE I.—My mother, aged 72 years, on April 8, 1897, suffered a severe chill about 9 o'clock in the evening. Two hours later, when I first saw her, she complained of pain in the right side, was coughing up bloody mucus, and was very uneasy. Her heart had been irregular for some years, but now the pulse was 130 and her temperature 103°. Physical examination revealed pneumonia of the right lung. I prescribed two grains of phenacetin and six grains of protonuclein, to be repeated every two hours. By 10 o'clock the next day her temperature was 99 3-5°, and her pulse 108; the pain in her side was less, and she felt much better. The phenacetin was discontinued and the protonuclein continued. By the third day her temperature was normal, and she felt so well that, in spite of my protests, she was determined to sit up. She coughed up rust-colored sputum for six or seven days, but otherwise felt quite well. She has had no trouble with her lungs since.

CASE II.—C. G., a male, aged sixty-three years, had not felt well for several days, and was taken with a fever the day before I saw him. Patient complained of pain in his right side and difficulty in breathing. His temperature was 102 3-5°, pulse 110, and the lower portion of his left lung was inflamed. I prescribed six grains of protonuclein, and ordered that the dose be repeated every two hours. The next day there was hepatization of the lower half of the right lung, with a temperature of 102° and a pulse of 108. The protonuclein was now increased to nine grains, repeated every two hours. The third day the temperature was 101° and the pulse 100. He felt better, and on examination the lung was found to be clearing up. The protonuclein was continued. On the fourth day the temperature was 98°, the pulse 84, patient had enjoyed a night's rest, appetite returning, and lung much improved. The fifth day I found my patient dressed and sitting in a chair. He said he felt well, but I persuaded him to go back to bed again, fearing something might happen. I continued the protonuclein four times a day for a few days, when he made a complete recovery.

I have treated ten cases of typhoid fever with protonuclein, all of which made an unusually early recovery, considering the severity of the early symptoms of some cases.

. . . . . .

I was called to a family in which one of the city physicians had charge of two typhoid fever cases; one, aged twenty years, who had been sick three weeks, and another, aged six years, who was just convalescing after seven weeks' illness. By the time I made my second call, a few days later, two other children of the family had taken sick. A boy seven years of age had not been feeling well for a few days, had no appetite, felt tired, tongue dry and coated, temperature 101°. I gave him four grains of protonuclein every three hours. He began to feel better in a few days, and by the eighth day had entirely recovered. I will leave the members to decide whether this was typhoid fever or not. The other case was a girl aged 10 years. She had the usual symptoms of typhoid fever, with a temperature of 102½°. Protonuclein, six grains, and phenacetin, two grains, repeated every three hours, were prescribed. The temperature continued to rise until the fifth day, when it reached 104 1-5°, pulse 130. The phenacetin was discontinued and the cold pack substituted (which was poorly dispensed), and protonuclein increased to nine grains, repeated every two hours. The temperature from the fifth to the tenth day ranged between 102½° and 104½°, and considerable diarrhea set in, which was controlled with bismuth and turpentine emulsion. From the tenth day the temperature gradually declined until the fifteenth day, when it became normal and remained so thereafter. It will be noticed that larger doses of protonuclein were used in this case than in the first case, and a more decisive recovery ensued.

I have recently treated two other patients, one aged six years and the other twelve years, both girls, with large doses of protonuclein, in whom the fever run a course almost identical with the above case. The one unusual feature in these three cases was the early appearance of the appetite. About the twelfth or thirteenth day they began to ask for food, and in a few days the desire to take nourish-

ment became so keen that it was difficult to refuse them something more substantial than milk. All these cases lost their hair during convalescence.

Protonuclein has a wonderful effect in maintaining the spirits and vitality of a patient during fever and has no depressing effect, while it reduces the temperature. This is particularly noticeable in typhoid cases. They do not lapse into that stupid condition which is so characteristic of this disease.

When protonuclein is taken in large doses, say ten to fifteen grains repeated every two or three hours, it produces a deafness and ringing in the ears very similar to that produced by large doses of quinine. In such doses it may also cause an unsteadiness of the nerves and an increased frequency of the heart's action. If this condition is observed during the treatment of a disease it is well to withhold a few doses, when these symptoms will readily disappear without leaving any bad effects.

I have given protonuclein in scarlet fever with the effect of having the temperature decline and the swelling of the glands of the neck disappear while the rash is coming out. I have given it with great success in puerperal fever, erysipelas, infected wounds, and in fact consider it a valuable remedy in all infectious diseases.

Protonuclein also has quite marked tonic effects which are particularly noticeable when given in cases of general debility resulting from advanced age. As a tonic it should be given in from six to nine grain doses after meals and at bedtime. In neurasthenic cases it is of benefit, restoring a normal tone to the nervous system. I have given it in a few cases of whooping-cough with benefit. I have given it to a few tubercular cases, but cannot say that it was followed by especial improvement. In cases wherein the temperature is high I usually prescribe small doses of phenacetin as a palliative remedy to assist in bringing down the temperature until the protonuclein has time to produce results. I consider protonuclein a very valuable addition to our remedies in combating disease, and feel that all who use itin large doses will be gratified with the results.—*Physician and Surgeon.*

TREATMENT OF CHOREA.

DR. MONCORVO in a recent paper (*Pediatrics*) states that the frequency with which nervous and other symptoms are met with in chorea, places beyond doubt their influence as etiological factors. Hysteria also appears to exercise a marked influence on the onset of

the disease, while it would seem possible that it is sometimes the sequel of the infectious disease common to childhood. A still closer connection appears to exist between chorea and rheumatism, so as to lead the author to see in chorea only the cerebro-medullary tendency of a rheumatic infection developed in a hysterical or neurasthenic temperament. Of the numerous remedies to which resort has been made in the treatment of chorea, he prefers those derived from the aromatic plants, and especially quinalgen, whose curative action in its treatment he was the first to demonstrate. Moncorvo reports in full the history of eight cases in which this drug was used with very successful results. It was administered in tablet form, in doses varying from a half to four grams in twenty-four hours, and was invariably well tolerated. Sometimes it was found necessary to increase the dose, but no inconvenience therefrom was ever experienced.

CRAIG COLONY PRIZE FOR ORIGINAL RESEARCH IN EPILEPSY.

THE president of the board of managers of Craig Colony offers a prize of $100 for the best contribution to the pathology and treatment of epilepsy, originality being the main condition.

The prize is open to universal competition, but all manuscripts must be submitted in English. All papers will be passed upon by a committee to consist of three members of the New York Neurological Society, and the award will be made at the annual meeting of the board of managers of Craig Colony, October 10, 1899. Each essay must be accompanied by a sealed envelope containing the name and address of the author and bearing on the outside the motto or device which is inscribed upon the essay.

The successful essay becomes the property of the Craig Colony, for publication in its annual medical report.

Manuscripts should be sent to Dr. Frederick Peterson, 4 W. 50th Street, New York City, on or before September 1, 1899.—*Craig Colony Press.*

DR. ALBERT ABRAMS, author of the "Antiseptic Club," has written a series of satirical sketches which abound in rich humor and are pronounced his best work. They will appear in the *Medical-Fortnightly*, beginning January 1st, under the head of "Scattered Leaves from a Physician's Diary."

BUFFALO MEDICAL JOURNAL.

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MEDICINE IN BUFFALO DURING 1898.

AT THE beginning of a new year we present, according to custom, a synopsis of medical events that have taken place in this region during the year just closed. While it cannot be stated that the year 1898 has contributed in this city any startling facts to the sum of our knowledge, yet it has been a period of earnest work that has wrought reasonable results as well as some progress in scientific medicine.

The medical societies claim first attention, and these seem to have kept their accustomed pace and to have at least done creditable work. The Medical Society of the County of Erie held its regular meetings, as well as a number of special sessions. At the annual meeting, held Tuesday, January 11, 1898, at which the president, Dr. Lucien Howe, took the chair, the following-named physicians were admitted to membership: Renwick R. Ross, Henry M. Reinhardt, Julius Ullman, Lorenzo Burrows, Katharine S. Munhall, Mary M. Huntley, Edward M. Dooley, William Preiss and D. J. Constantine. The subject of the president's address was Reasons for a law making Credé's method for the prevention of ophthalmia of infancy obligatory in public institutions. A committee was appointed, the president to be chairman, to present the subject to the legislature for action. The society authorised the censors to employ special counsel to prosecute illegal practitioners of medicine. A memorial of Dr. Wm. S. Tremaine was adopted. The scientific program consisted of a paper by Dr. J. G. Thompson, on Colles's fracture; one by Dr. F. H. Stanbro, entitled, Some of the diarrheal diseases of children, one by Dr. W. G. Bissell, on Formaldehyde disinfection, and a discourse by Mr. G. E. Gordon, of Boston, on Modified milk. The society elected the following-named

officers to serve during 1898: President, Lucien Howe; vice-president, J. B. Coakley; secretary, Franklin C. Gram; treasurer, Edward Clark; librarian, Wm. C. Callanan. Censors, J. B. Coakley, C. E. Congdon, Thomas F. Dwyer, Irving W. Potter and J. F. Krug. Delegates to the medical society of the State of New York, Herbert U. Williams, Arthur W. Hurd, Peter W. Van Peyma, Thomas B. Carpenter, Grover W. Wende, Eugene A. Smith, Earl P. Lothrop, of Buffalo, and J. G. Thompson, of Angola.

The semi-annual meeting was held Tuesday, June 14th, at which time the following new members were admitted: L. E. McC. Pomeroy, Francis E. Fronczak, Carro Julia Cummings, John J. Finnerty, F. W. McGuire and John H. Daniels. Dr. Roswell Park read a paper entitled, Gunshot wounds made by modern missiles and their treatment.

Next in order came the Buffalo Academy of Medicine with its usual program. During the year several physicians from other cities have read papers before the different sections, as follows: Tuesday, January 25th, Dr. James F. W. Ross, of Toronto, before the section on gynecology—subject, Torn and punctured wounds of the uterus and vagina; symptoms, prognosis and treatment. Tuesday, February 1st, Dr. Dudley P. Allen, Cleveland—subject, Technique of hysterectomy, both vaginal and abdominal. Tuesday, February 15th, Prof. Ira Van Gieson, director pathologic institute, of the New York State Commission in Lunacy—subject, Toxic degeneration of the nervous system. Tuesday, March 8th, Dr. C. F. Hoover, Cleveland—subject, Cardio-pulmonary murmurs. Tuesday, March 15th, Dr. L. A. Weigel, Rochester — subject, Anatomy and mechanism of the foot, considered with reference to certain abnormal conditions. Tuesday, April 5th, Dr. H. R. Gaylord, Philadelphia—subject, Lantern exhibitions of pathologic specimens; also steréopticon views of diseases of the heart. Tuesday, April 19th, Miss Mary Forster, of Newnham College, England—subject, Scientific choice of fabrics for underwear. Tuesday, June 28th, Dr. Joseph Price, Philadelphia—subject, Discussion and diagnosis of suppurative forms of intrapelvic disease and their surgical management. Monday, July 11th, Dr. Jokichi Tokamine, of Tokio, Japan—subject, Production of diastase and of an alcoholic ferment from fungi. Tuesday, September 20th, Dr. M. V. Ball, Warren, Pa.—subject, Convicts' skulls and brains. Tuesday, November 8th, Dr. L. Pierce Clark, Sonyea—subject, Hypertrophic forms of infantile palsy. Tuesday, November 15th, Dr. Charles D. Aaron, Detroit—subject, Carcinoma

of the duodenum. Tuesday, December 6th, Dr. Nathan Jacobson, Syracuse—subject, Curability of cancer. Tuesday, December 20th, Dr. Richard C. Cabot, of Boston—subject, Tests of renal insufficiency by methylene blue and iodine. The annual meeting of the Academy was held Tuesday, June 14, 1898, when the following-named officers were elected for the session of 1898-1899: President, Dr. Roswell Park; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Charles S. Jewett; trustees, Drs. B. G. Long (3 years), M. Hartwig (2 years), DeLancey Rochester (1 year). Section on medicine: chairman, Dr. William G. Ring; secretary, Dr. Fridolin Thoma. Section on surgery: chairman, Dr. John Parmenter; secretary, Dr. J. Henry Dowd. Section on obstetrics: chairman, Dr. William G. Taylor; secretary, Dr. N. Gorham Russell. Section on pathology: chairman, Dr. A. L. Benedict; secretary, Dr. A. G. Bennett. Council: the above-named officers and the president of the Academy of the previous year, Dr. Lucien Howe.

The private medical societies are as follows: The Medical Club, The Medical Union, The Roswell Park Medical Club, The Physician's Club, The Esculapian Club and the Microscopical society. These are all said to have enjoyed prosperity and their work is reported to have been satisfactory in quality.

The American Electro-therapeutic Association held its annual meeting in Buffalo, September 15, 16 and 17, 1898, under the presidency of Dr. C. R. Dickson, of Toronto. The attendance was good and the papers were of interest. The local committee of arrangements, under the leadership of Dr. Ernest Wende, provided liberally for the entertainment of the visitors. Dr. Wende was elected a vice-president of the association.

The University of Buffalo observed the fifty-second anniversary of its Medical Department with its annual commencement exercises on Tuesday, April 26, 1898, at which 166 graduates in the three departments of medicine, pharmacy and dentistry received their diplomas. Dr. D. A. Currie, '64, of Englewood, N. J., president of the Alumni Association, presided over its deliberations and delivered an address on Living and dying, their physics and psychics. Dr. Daniel Lewis, of New York, president of the state board of health, presented the subject of cancer in an address, entitled, The pre-cancerous stage. Dr. A. M. Houghton, of Detroit, read a paper on Antitoxic serum. Dr. Frank A. Jones, of Rochester, read one on Diphtheria, and others discussed the several subjects presented.

At Music Hall, in the evening, the Rev. O. P. Gifford addressed the graduated classes and afterward the annual banquet was attended at the Ellicott Club.

The University of Niagara observed the thirteenth annual convocation of its medical department, Wednesday, May 11, 1898, at which ten graduates received their diplomas. Dr. Frank W. Malony, of Rochester, was president of the Alumni Association and conducted its proceedings. Rheumatism was the subject of his address. Dr. M. Hartwig, of Buffalo, read a paper on Incipient orthopedic cases; Dr. William G. Ring read one on Movable kidney; Dr. L. Pierce Clark, of Sonyea, presented the subject of the Pathogeny of an epileptic fit, and Dr. L. J. McAdam, of Buffalo, made some remarks on Appendicitis, with cases. At Concert Hall, in the evening, Rev. P. McHale, president and vice-chancellor of the university, addressed the graduates, and the annual banquet was afterward served at the Genesee Hotel.

The announcement was first publicly made June 21, 1898, that the two medical schools—Medical Department of the University of Buffalo and Niagara University Medical College—had consolidated. The faculties were amalgamated and henceforth Buffalo University Medical College will occupy the field alone in this city.

A state pathologic laboratory has been established at Buffalo during the past year, the special purpose of which is investigation into the causes and cure of cancer. The legislature appropriated $10,000 for its maintenance and Dr. Roswell Park, through whose suggestion we believe this was done, has been placed in charge. It is in working order in rooms set apart for it in the Medical College building.

The Sanitory Club has done some excellent work during the year, but its meeting of December 14th attracted special attention on account of the general interest manifested in the subject which it considered—namely, Hygienic military camps. A number of regular army and volunteer officers were announced to speak, and these, together with several physicians and engineers from civil life, who discussed various phases of the subject, served to make an interesting and instructive program.

The literature of the year consists of the following: A Manual of Bacteriology, by Herbert U. Williams, professor of pathology and bacteriology at Buffalo University Medical College, lately issued from the press of P. Blakiston's Son & Company, of Philadelphia. Dr. Williams has also prepared a revision of Miller's Histology for

Students, which appeared in September from the press of William Wood & Co., of New York. These two works constitute an appreciable and important addition to the literature of the subjects with which they deal.

Among the dead of the year were some of our prominent physicians. The list is as follows:

Dr. William Scott Tremaine, January 9, 1898, aged 59 years; Dr. Michael Talbot, of Niagara Falls, January 26, 1898, aged 51 years; Dr. John Cronyn, February 11, 1898, aged 72 years; Dr. Alonzo S. Hinkley, February 25, 1898, aged 75 years; Dr. J. J. Towle, of Jamestown, March 11, 1898, aged 61 years; Dr. John J. Cullinane, March 31, 1898, aged 31 years; Dr. A. P. Southwick, June 5, 1898, aged—; Dr. C. C. Johnson, of Gowanda, June 7, 1898, aged—; Dr. John Boardman, July 9, 1898, aged 70 years; Dr. Joseph Haberstro, July 12, 1898, aged 44 years; Dr. Harry A. Powers, October 24, 1898, aged 28 years; Dr. A. E. Willard, of Friendship, November 20, 1898, aged 67 years; Dr. E. M. Stillman, of Andover, December 5, 1898, aged 57 years; Dr. Charles S. Hoyt, of Canandaigua, N. Y., December 13, 1898, aged 76 years, and Robert C. Turner, medical student, U. of B. '01, November, 1898.

The recent war with Spain afforded an opportunity for a number of Buffalo physicians to enter the volunteer army, but we are unable to complete the list at this writing. We expect, however, to do so soon in the medical history of Erie County, now publishing in the JOURNAL as a serial.

CHRISTIAN SCIENCE—A SOCIOLOGICAL STUDY.[1]

AN ADDRESS on this subject to a medical audience is unique. Nevertheless, under the foregoing title this distinguished author discoursed to the Northwestern Ohio Medical Society, at its recent meeting at Lima, O. Medical journals have of late given some attention in their editorial columns to this fad, but so far as we know this is the first instance where a medical society has given it attention to the extent of listening to a formal address on the subject.

While individually we might feel disposed to question the propriety of noticing this ridiculous piece of nonsense to this degree, yet it must be confessed that if it were determined to do so, it would be difficult to fit the occasion and the subject more happily than did our Ohio confrères. Moreover, we know of no physician more competent

1. Christian Science. A Sociological Study. By Charles A. L. Reed, A. M., M. D., Cincinnati, O. McClellan & Co., publishers, Cincinnati. 1898. Price, 10 cents.

to deal fairly, exhaustively, logically and eloquently with the theme than Dr. Reed. So much for the occasion, the audience and the man; now let us examine the material in some detail.

Dr. Reed, after a general introduction foreshadowing the nature of his discourse, speaks of certain aberrant forces that are at work all over the country, manifesting their effects in religio-medical cults under various names, but all of like origin and of similar purpose. Thus faith curers, natural bonesetters, hypnotists, mesmerists, clairvoyants, christian scientists, osteopaths—all spring from distorted religious and irregular medical beliefs, and all are designed as money-making schemes for the benefit of their apostles. Our author disclaims any intent to treat them unfairly; he even accords to them, one and all, honest convictions, and concedes them all to be deeply religious in their methods; then he proceeds to convict them by their own utterances (quoting from their "divine" authority) of illogical declarations, unscientific statements, and, by inference, of blasphemous dogmas. He goes even further and by the most logical deductions establishes beyond any question their cupidity, selfishness and deceptiveness and exposes the whole system as a mere money-getting scheme.

Dr. Reed, who is a profound classic scholar, gives us during his discourse a peep into the mythologic ages and tells us of the fads of those strange and mystic epochs which, curiously enough, were not unlike those of the present day. In this paragraph we are afforded pictures of theurgic medicine from the time of Zoroaster down to the Christian era, which latter, he asserts, was ushered in amidst medical superstition. Even the early centuries of this epoch abound with medical mysticism, and the later manifestations of the same tendency may be traced in the more modern astrology of Mesmer, and the immediate legerdemain of the apostles of Christian science at Lynn.

The only bit of underlying truth in the whole outfit of these various beliefs is, says our author, the curious influence we call "suggestion." "I make the declaration," to quote his words, "that the great central truth in all this supernaturalism is to be found, not in anything supernatural at all, but in an agency the most potent known to medical science." We think it a pretty strong statement to affirm that suggestion is the most potent agency known to our science, one at all events that we should not, in our present light, be willing to fully endorse, but we quite agree with him when in the closing sentence of this same paragraph he says:

"Take these alleged 'sciences,' 'healings' and 'pathies,' tear from them the gauze of idiotic 'metaphysics,' the flummery of a weird mysticism, the robes of a hypocritical and impious sacerdotalism, and there stands revealed the powerful agency of 'suggestion.'"

Dr. Reed then briefly discusses the attitude of the law to these fads, showing clearly that those who assume to deal out these forms of therapy must possess the equipment of doctors of medicine, otherwise they are liable to the penalty prescribed for illegal practitioners.

The closing paragraph is as follows:

In conclusion, permit me to say that the great profession of medicine, concerned as it is with truth and with humanity, can well afford to watch with good-natured interest these evanescent phases of ever-recurring phenomena. They are beautiful object lessons in the psychic lives of peoples. They furnish splendid demonstrations of the persistence of primitive conceptions and their modifying influence upon human life. The great clinic is now in session.

The theme is an interesting one, especially when dealt with in such a masterful fashion as that in which Dr Reed serves it up to us. His rhetoric is charming, his wit is keen, his metaphors are fascinating, and his logic is unanswerable. We could wish that every intelligent person would read this brochure, especially that every physician would possess it and make it a part of his duty in his daily professional work to preach the doctrines that it teaches. The propaganda that it inveighs against is among one of the most wicked, dangerous, even blasphemous, that has been presented for the consideration of a credulous people.

THE Maryland *Medical Journal* in its issue of December 3, 1898, makes some very appropriate remarks concerning the claim a medical journal has upon the medical profession of its vicinage. We quote our contemporary in part:

"The history of the progress of medical journalism in Maryland is one which should be of great interest to the physicians of Maryland. Of late years the history of medicine has been receiving more attention than it ever received before, and nothing is more fitting than that the local history of medicine should be familiar to all before that of other places and countries is taken up.

"Medical editors and publishers in the early days had no sinecure, and the lack of encouragement in so many cases is truly pathetic. At the present day, however, there is more cause for encouragement; but, as Dr. Simmons so well shows in his elaborate and well-written article, physicians of Maryland lack certain *esprit de corps*—a certain patriotism, as it were—in supporting its home journal; and yet, as is so well known, this very journal has been the means of bringing

many a young man to prominent notice who has since gained a wide reputation and no small amount of this world's goods.

"Every trade and every profession has its organ, and the prosperity of that trade or profession is usually mirrored in the writings of their respective organs. . . . . A journal becomes successful by the ability of its contributors more than by the power of its editor. A medical journal is just what its community makes it, and each physician is responsible for the welfare of the journal which is published near him. . . . . The medical profession is an asset of the profession, and its prosperity mirrors the prosperity of the profession. The physician who refuses to write for any journal on the plea of lack of time, too often means that he has lack of ability. The really busy man rarely complains of lack of time."

We have no complaint to make in regard to the support given by the profession of Buffalo and this vicinity to the JOURNAL—especially is this true of the middle-aged and older members. It has been most liberal and constant, all of which we appreciate. We do think, however, that the younger physicians are too apt to undervalue their local journal, and we commend the foregoing especially to their thoughtful consideration.

PERSONAL.

DR. WESLEY C. EARL, of Buffalo, announces that he has removed his office and residence from 1541 Niagara street to 147 Lafayette avenue, corner of Herkimer street. Hours: 9 to 10 a. m. 1 to 3 and 7 to 8 p. m. Telephone, Bryant 2366.

DR. DAVID WEBSTER, New York, spent a day or two in Buffalo, about the middle of December, as the guest of Dr. R. H. Satterlee, of Delaware avenue.

DR. JOHN N. GOLTRA, of Buffalo, acting-assistant surgeon, U. S. Army, was directed, under date of December 1, 1898, to proceed to this city for annulment of his contract.

DR. BINA POTTER VANDENBERGH, of Buffalo, announces to her friends and patients that she is permanently settled in this city with offices at her residence, 122 North Pearl street.

DR. CHARLES P. KNOWLES, of Buffalo, announces to the profession that he has removed from 878 to 915 Elmwood avenue. Hours: 8 to 9.30 a.m.; 1 to 3 p. m. and 7 to 8 p. m. Telephone, Bryant 2001.

OBITUARY.

DR. CHARLES S. HOYT, of Canandaigua, N. Y., died at his residence in that village, December 13, 1898, aged 76 years. The immediate cause of his death was pneumonia, though his general health of late had not been quite up to the robust standard that had

CHARLES S. HOYT, M. D. 1822–1898.

favored him all his life. He was born at Ridgefield, Conn., June 8, 1822, where he passed his childhood days, but in 1834 he came to Potter, Yates county, N. Y., and received his preliminary education at Rushville Academy. Upon attaining his majority he entered upon the study of medicine and took his doctorate degree at Geneva Medical College in 1847.

Dr. Hoyt entered at once upon the practice of his profession at Potter, where he was so engaged when at the outbreak of the Rebellion, in 1861, he was appointed by Governor Morgan, one of the war committee for the then 26th Senate district. He assisted in recruiting the 126th regiment, N. Y. Volunteers, and served as assistant surgeon of that organisation until May 11, 1864, when he was promoted to surgeon of the 39th N. Y. Regiment. He became the executive officer of the 1st Division Hospital of the Second Army Corps in June, 1864, and so continued until mustered out in July, 1865, when he returned to his home in Yates county, and there resumed the practice of his profession.

Dr. Hoyt was twice elected to the Assembly, first in 1852 and again in 1867, representing the County of Yates on both occasions. He also served five years as superintendent of public schools for the town of Potter. In 1868 he was appointed secretary of the state board of charities and henceforward devoted himself to the work of that beneficent organisation, finding in it a field of labor for which he was peculiarly fitted and in which he gained distinction for faithful and able service. He was prominently engaged in organising the great national gatherings, held annually, of those eminent in the work of charities and correction, and was repeatedly called upon to address conferences of that body on subjects of national importance. About two years ago he became superintendent, by appointment, of the board of charities, of state and alien poor, and had recently taken an active and useful part in the establishment of the Craig Colony for Epileptics, at Sonyea, N. Y. He had also of late been deeply interested in investigating the condition and devising means for their improvement of the New York State Indians.

Dr. Hoyt was a comrade of the Grand Army of the Republic and a companion of the military order of the Loyal Legion of the United States.

He was an interested member of the Canandaigua Medical Society, always entertaining them, as is the custom of each member, once a year, and he was always pleased when at home to attend their monthly meetings and social suppers. He attended one of these gatherings less than three weeks before his death. And so midst his busy official life he kept faith with the guild of medicine.

Dr. Hoyt was married in 1866 to Dora, daughter of Major Barnum, of Bristol, who survives, as do also three children: Charles S., Miss Agnes B., and Miss Jean B., all residents of Canandaigua. One brother, residing in Yates county, is also living.

Dr. Hoyt was preëminently a man of affairs. Very few men had a more extensive acquaintance in every county of the state, and he was also well known throughout the United States and in Europe. His official position brought him in contact with every condition of life, high and low, rich and poor, all of whom he served with the same degree of exact justice. It is doubtful if any person ever complained of ill-treatment at his hands, no matter how much difference of opinion there might be between himself and another. His amiable temperament, his sense of right, his sunny countenance and his sound judgment all conspired to make him a model official, an excellent citizen and a lovable man. His military service was most creditable. At the request of the writer he became executive officer of the field hospital of the first division of the Second Army Corps in the summer of 1864, which service has before been alluded to, but it is proper to add that for promptitude, for kind and skilful care of sick and wounded soldiers, Dr. Hoyt was without a superior in zeal and self-abnegation. From the Rapidan to Petersburg—May 3d–June 17, 1864—was a perpetual battle; fighting days and marching nights, was the great task as it was the great glory of the Army of the Potomac. He was never too late, always vigilant, faithful, enduring; his epitaph may fittingly so be written.

Dr. Edwin M. Stillman died at his home in Andover, N. Y., December 5, 1898. He was 57 years old. He was born in Almond, and always lived in Allegany county. Dr. Stillman was graduated from the Buffalo Medical College in 1865 and practised six months in Almond, four years in Andover, six years in Alfred and since 1874 in Andover. He was a member of the Medical Society of the County of Allegany and served as postmaster of Andover for three years. He leaves a widow and a daughter, Mrs. Richardson of Andover.

COLLEGE AND HOSPITAL NOTES.

The hospital corps of the 74th Regiment, N. G. N. Y., will give an exhibition drill in litter work, at the 74th Regiment Armory, on Virginia street, Thursday evening, January 5, 1899. It will be remembered that this corps, although not in active service during the late Spanish-American war, did much to alleviate the sufferings of its fellow-soldiers. August 30, 1898, at the time of the arrival of the

sick train of the 65th Regiment, N. Y. V., the corps distinguished itself by successfully unloading 108 men, mostly bedridden, in less than forty-five minutes. In communications addressed to the regimental surgeon about that time, His honor Mayor Conrad Diehl, Dr. Herman Mynter, Dr. William H. Heath, Dr. Joseph T. Cook, Dr. Dewitt Sherman and many other prominent physicians actively engaged in caring for the sick men, expressed themselves in exalted terms as to the work performed. Acting Assistant Surgeon N. W. Wilson, U. S. Army, of Fort Porter, who accompanied the train in transit to Buffalo, congratulated the corps and made the statement that "at Dunn Loring the loading of the cars occupied an hour and a half, while the unloading at Buffalo was accomplished in considerably less than half that time, and was carried out with less friction and immeasurably more comfort to the patients." Tickets for this drill are now on sale at H. Kleinhans & Co.'s store.

THE Southern Medical College Association held its seventh annual meeting at Memphis, Tenn., December 5, 1898. The chief business of importance transacted was the unanimous adoption of the four-year course by the colleges forming the association. This is to go into effect January 1, 1899. This change has been discussed at the two preceding meetings, but action has been deferred until now. The adoption of the four-year course will necessitate certain amendments to the constitution and by-laws of the association, but these cannot be acted upon until the next meeting. The following officers were elected for the ensuing year: Dr. G. A. Ketchum, of the Alabama Medical College, president; Dr. Christopher Tompkins, of the Medical College of Virginia, vice-president; Dr. G. C. Savage, of the Vanderbilt University, secretary and treasurer. The next meeting of the association will take place at New Orleans, at the time of meeting of the Southern Surgical and Gynecological Association, November, 1899.

A CONSUMPTION hospital or state sanitarium for consumptives is under contemplation in this state. The Brush committee of the Senate, composed of Senators George W. Brush, George A. Davis and Frank Gallagher, which is considering the advisability of establishing such an institution in the Adirondacks, held a meeting in the library of the City Hall, at New York, December 5, 1898.

Prof. Evans, Dr. J. H. Pryor, of Buffalo, the originator of the plan, and Dr. J. H. Raymond, all experts on pulmonary diseases,

appeared before the committee and testified in favor of the establishment of such a hospital on account of the natural advantages afforded by the climate of the Adirondacks.

We trust the committee will report progress to the legislature early in the next session.

A CANCER hospital is under discussion for establishment in Buffalo. Assemblyman Fred Nixon, of Chautauqua county, who is probably to be the next speaker of the Assembly, was in Buffalo recently, and had a conference with Dr. Roswell Park concerning the advisability of establishing such an institution here. It is understood that Mr. Nixon is favorably impressed with the idea, and a number of prominent Buffalo men are doing what they can to promote it.

Last winter an appropriation of $10,000 was made by the legislature for the purpose of enabling the Buffalo University to make certain laboratory experiments in the line of treating cancer.

A further sum of $25,000 will probably be asked for this winter to equip the hospital. The institution will be conducted on the plan of the German Cancer Hospital at Berlin. In that country physicians immediately send to the hospital any cases which they are in doubt about and in that way much suffering is averted and many lives are saved.

THE Ohio State Board of Medical Registration and Examination, October 4, 1898, adopted the following resolution:

Resolved, That after October 4, 1898, no medical college or university will be recognised as in good standing by this board which shall graduate in one term students who have taken but two terms of a four years' course, and applicants presenting such credentials will not be entitled to registration in Ohio.

THE German Hospital staff at its last meeting elected the following officers for the current year: President, Dr. Max Breuer; vice-president, Dr. Charles Weil; secretary, Dr. H. G. Bentz; house committee, Dr. S. Goldberg, Dr. W. Meisburger and Dr. Marcell Hartwig.

The corner-stone of the new building was laid early in December in the presence of a large assemblage of citizens and the ceremonies were appropriate and interesting. The development of this institution is watched with greatest interest by many philanthropic and public-spirited men and women. Its promoters are men of energy and its success cannot be doubted.

AT THE University of Buffalo some changes have lately occurred in the faculty. Dr. Charles Cary has resigned a portion of his chair, materia and therapeutics, retaining his professorship of clinical medicine. Dr. Eli H. Long has been appointed professor of materia medica and therapeutics.

SOCIETY MEETINGS.

THE Medical Society of the County of Chautauqua held its regular semi-annual meeting at Fredonia, December 13, 1898, under the presidency of Dr. M. N. Bemus, of Jamestown, when the following program was observed :

Business session 11.30 o'clock a. m.

Scientific session, 2 o'clock p. m.—(1) Duodenitis, by Dr. V. M. Griswold, vice-president, Fredonia; discussed by Dr. N. E. Beardsley, Dunkirk; MacDonald Moore, Fredonia. (2) Appendicitis, by Dr. J. J. Mahoney, Jamestown. In the absence of Dr. Mahoney this paper was read by Dr. H. A. Eastman; discussed by Dr. T. E. Soules, Westfield; Dr. George F. Smith, Sinclairville. (3) Some reminiscences of early practice, by Dr. L. H. Snow, Jamestown. (4) Compound fractures, by Dr. A. Wilson Dods, Fredonia; discussed by R. T. Rolph, Dunkirk; Dr. E. M. Scofield, Jamestown. (5) Presentation or report of interesting cases.

Evening session—(5) Importance of middle ear inflammation and its treatment, by Dr. G. E. Blackham, Dunkirk. Illustrated with lantern slides.

The following-named physicians were admitted to membership : C. H. Richards, of Dunkirk; A. Austin Becker and Fred C. Hunt, of Jamestown.

The following was unanimously adopted :

Resolved, That contract medical service is beneath the recognition of members of this society.

Those present were Drs. M. N. Bemus, V. M. Griswold, N. G. Richmond, MacDonald Moore, A. W. Dods, J. W. Morris, W. D. Wellman, L. H. Snow, W. Stuart, H. A. Eastman, A. Borden, G. E. Blackham, C. H. Richards, N. E. Beardsley, J. J. Drake, C. A. Ellis, and T. D. Strong. The next annual meeting is to be held at Chautauqua, N. Y., the second Tuesday in July, 1899.

THE Medical Society of the State of New York will hold its ninety-third annual meeting at Albany, Tuesday, Wednesday and Thursday,

January 31 and February 1 and 2, 1899, under the presidency of Dr. John O. Roe, of Rochester. The business committee, Dr. W. G. Macdonald, chairman, Dr. E. B. Angell and Dr. James M. Winfield, is preparing an elaborate program, which will include a military discussion that will commence promptly at 4 o'clock Tuesday afternoon and continue until the close of that session. Among the subdivisions of topics to be considered under this head are the following: hygienic camps, typhoid fever, modern bullet wounds, cardiac deficiency, sinks, water supply and sewage. It is expected that a number of physicians, engineers and others who have been prominent in the military service of the state and nation, as well as sanitarians, officers and physicians, will participate.

It is contemplated that a portion of Tuesday evening will be set apart for the discussion of questions pertaining to the state care of consumptives, lead by Dr. John H. Pryor, of Buffalo. A large number of papers on miscellaneous subjects has been offered to the committee and a meeting of unusual interest appears in prospect.

THE Medical Society of the County of Erie will hold its seventy-eighth annual meeting at the rooms of the Buffalo Academy of Medicine, Tuesday, January 10, 1899, at 10 o'clock a. m., under the presidency of Dr. Lucien Howe. The business committee is preparing a program that was not issued in season for publication in the JOURNAL, but we are informed that subjects of interest will be presented for consideration.

THE Roswell Park Medical Club, of Buffalo, at its recent annual meeting elected the following officers for the current year: President, Dr. W. E. Dignen; vice-president, secretary and treasurer, Dr. Hugh McIntyre; critic, Dr. J. C. Thompson. The club holds regular monthly meetings at its rooms in the Mooney-Brisbane building.

THE Sanatory Club of Buffalo, held its regular bi-monthly meeting in the lecture room of the Buffalo Law School, Ellicott Square, Wednesday evening, December 14, 1898. The topic of the evening was Hygienic camps, presented by the following experts in their respective lines:

The hygienic camp, Henry R. Hopkins, M. D., professor of hygiene, university of Buffalo, president of the club. The camp of instruction, Lieutenant Peter C. Harris, Quartermaster 13th United

States Infantry; discussion opened by Major Thomas W. Symons, Corps of Engineers, U. S. A. Sewers, C. E. P. Babcock, C. E., Assistant City Engineer. Late major 65th N. Y. Volunteers; discussion opened by G. H. Norton, C. E., Assistant City Engineer. Late captain 65th N. Y. Volunteers. Water supply, L. H. Knapp, C. E., Assistant Superintendent and Engineer Bureau of Water. Discussion opened by W. D. Greene, M.D., Deputy Health Commissioner. Garbage and sewage disposal, Edward Clark, M. D. Late member of the committee on disposal of sewage and garbage, American Public Health Association; discussion opened by Eugene Smith, M. D. Late major 65th N. Y. Volunteers. Statistics, Lieutenant Paul B. Malone, 13th United States Infantry; discussion opened by William Warren Potter, M. D., editor of the BUFFALO MEDICAL JOURNAL. Walks and streets, H. C. Gardner, 74 Regiment, N. G. S. N. Y. Firm of Cockburn Brothers & Co., concrete contractors. The relative importance of flies and water supply in spreading disease, M. A. Veeder, M. D., Lyons, New York; discussion opened by A. H. Briggs, M. D. Late major and surgeon 65th N. Y. Volunteers.

With some slight changes, due to inability of referees to attend, the program was carried out. The JOURNAL will publish the full proceedings of this interesting meeting in future editions.

THE Southern Surgical and Gynecological Association held its eleventh annual meeting at Memphis, Tenn., and it is regarded as one of the best meetings in the history of the society. A large number of distinguished surgeons and gynecologists were in attendance, and a splendid list of papers were read and discussed.

We quote the Alabama *Medical and Surgical Age* as follows:

The members who attended the meeting are saying many nice things of the profession and people of Memphis for the splendid hospitality accorded them during the meeting of the society.

In connection with the Surgical and Gynecological meeting, an important meeting of the Southern Medical College Association, at which Dr. George A. Ketchum, of Mobile, presided was held and by a unanimous vote it was decided to adopt the four years' course, to take effect January 1, 1899. So all students who enter college after this date will be required to attend four years before being eligible for graduation.

Dr. Richard Douglas, of Nashville, President of the Southern Surgical and Gynecological Association, prefaced his annual address by saying:

"As president of this distinguished body, I am fully conscious of my exalted position and deeply sensible of the friendly spirit and kindly good will that has induced you to so honor me. This association in the ten short years of its history has become renowned for the excellence of its scientific work, the truthfulness of its records and the spirit of warm friendship that pervades its membership. And we cannot too cordially express our thanks to Dr. W. E. B. Davis, our permanent secretary, to whose indefatigable efforts the Southern Surgical and Gynecological Association owes its existence and high standing. Nor are we unmindful of our obligation to our distinguished predecessors, who by their justice, courtesy and dignity in office and wisdom in council have guided our deliberations and smoothed our difficulties.

"Perhaps a true interpretation of my duties of the hour would demand that I address you by recounting our recent deeds of prowess, arranging in chronological order the victories of the allied armies—the science and art of surgery—have won in the great battle against disease and death; or of telling of recent discoveries, new devices and modifications of technique, the territorial acquisitions of our profession. Yet, inasmuch as the greatest latitude is granted me, I prefer to restrict my remarks to a very commonplace subject, but one in which both branches of the association feel a common interest—that of acute general peritonitis.

"A proper appreciation of the time of the association will not permit me to discuss this subject in all its phases; for that reason I shall confine myself to an effort to present to you a workable classification. As an introduction to the subject, I shall first consider the attempts that have been made to form a classification on a bacteriological basis."

Officers elected for the ensuing year were: Dr. Joseph Taber Johnson, of Washington, president; Dr. F. M. Parham, of New Orleans, and Dr. W. L. Robinson, of Danville, Va., vice-presidents, Dr. A. M. Cartledge, of Louisville, treasurer, and W. E. B. Davis, secretary. One vacancy only on the council occurs each year, and the term of office is five years. This time Dr. L. McL. Tiffany's term expired, and he was reëlected. His home is in Baltimore. The other members of the council are Dr. L. S. McMurtry, of Louisville; Dr. George J. Englemann, of Boston, and Dr. G. M. Johnson, of New Orleans. Dr. Ernest S. Lewis, of New Orleans, was made chairman of the committee on arrangements for the next annual meeting.

THE Buffalo Academy of Medicine held meetings during the month of December, 1898, as follows:

Section on Surgery.—Tuesday evening, December 6th, program: The curability of cancer, by N. Jacobson, of Syracuse;

discussed by Drs. John Parmenter, H. R. Gaylord and others. Colles's fracture, by E. M. Dooley; discussion by Drs. W. C. Phelps, M. Hartwig, E. A. Smith and others.

Section on Medicine.—Tuesday evening, December 13th, program: treatment of cases of pulmonary tuberculosis that cannot leave home, by DeLancey Rochester. Abnormalities of the blood, the etiology of asthma, by George N. Jack, Depew, N. Y.

Section on Pathology.—Tuesday evening, December 20th, program: The test of renal insufficiency by methylene blue and iodine, by Richard C. Cabot, Boston, Mass. Exhibition of lantern slides of various skin affections, by Grover W. Wende.

Section on Obstetrics.—Tuesday evening, December 27th, program: Treatment of placenta previa, by S. S. Greene; discussion, Dr. Van Peyma; specimen of placenta previa, Dr. Brennen. Extra uterine gestation, specimen, Dr. Roemmelt.

Book Reviews.

A MANUAL OF SURGERY. For Students and Practitioners. By WILLIAM ROSE, M. B., B. S. Lond., F. R. C. S.; and ALBERT CARLESS, M. S., Lond., F. R. C. S. One volume, 8vo, of 1,162 pages, very profusely illustrated by wood engravings. New York: William Wood & Co. 1898.

This is by far the most pretentious manual in size pertaining to surgery that has been issued in many a year. An examination of its material, however, does not bring disappointment, for it everywhere betrays the work of careful hands—of skilful surgeons.

The authors declare it to be their purpose in creating the work and offering it to the profession, to present scientific facts in surgery in a concise and succinct form, especially to meet the necessities of the student, even when preparing for the higher examinations. They have also been constrained not to overlook the needs of the general practitioner of medicine, and on this account have undertaken the discussion in considerable detail those subjects he is most likely to meet in every-day practice. To meet both these conditions has not been an easy task, since there is such a wealth of material from which to choose, that the danger has been that the book world be overweighted, or exceed the limits of a manual. This, however, has been happily avoided by eliminating historical and bibliographical references, by excluding the consideration of special fields, such as the eye, ear and gynecological diseases, and by omitting some other questions frequently dealt with in similar works.

Due attention has been paid to the fact that surgical work has been transformed to a considerable extent by the progress of our

knowledge in bacteriology and antisepsis. These questions have been duly considered where applicable throughout the book, which is in almost every respect a thoroughly modern treatise. The arrangement, too, is excellent. Inflammation is first considered and then its sequelæ; afterward new growths, injuries and diseases in their pathology, diagnosis an treatment, and, lastly, amputations and anesthesia. This is logical; some authors almost reverse the plan, or at least take up the last two subjects before they are reached in their proper order of sequence. The illustrations have been carefully chosen with a view to elucidate the text, but their number—392—might have been considerably increased without harm. Considered as a whole, however, this is one of the best of the later surgical manuals offered to students and practitioners.

HUMAN ANATOMY. A Complete, Systematic Treatise by Various Authors. Including a Special Section on Surgical and Topographical Anatomy. Edited by Henry Morris, M. A., M. B., Lond.; Senior Surgeon to the Middlesex Hospital; Examiner in Surgery in the University of London; Member of the Council and Chairman of the Court of Examiners of the Royal College of Surgeons of England; Honorary Member of the Medical Society of the County of New York. Illustrated by 790 wood cuts, the greater part of which are original and made expressly for this work by special artists, over 200 of which are printed in colors Second edition, revised and enlarged. Royal 8vo, pp. xxx.—1274. Philadelphia: P. Blakiston's Son & Co. 1898.

To a certain proportion of students anatomy has been and probably will continue to be a dry, difficult and somewhat uninteresting study. It being an exact science, a collection of facts, the merit of each individual work on the subject, as well as the excellence of each teacher will depend largely upon the presentation of the matter in such way as to overcome as much as possible the features stated.

To render the study interesting the bare facts should be as much as possible associated with the indications wherein they will be of future service and application. To render it less difficult, the items of almost mere knowledge should be carefully pruned or minimised and the important points and their application coincidently emphasised.

Knowledge which cannot be applied is very much like money which cannot be spent. This fact applies to anatomy probably more than any other branch of medicine.

Henry Morris in presenting the anatomy known under his name, has certainly not lost sight of the requirements indicated, which are of so much importance. In his work, he has selected as colaborers for their special fitness such men as J. Bland Sutton, Frederick Treves and others, all of whom serve as an additional guarantee of the character of the volume.

The illustrations and descriptions connected with them are beyond criticism, and in this work they are made quickly intelligible by the use of contrasting different type in designating the various structures. Arteries, veins, lymphatics, are all in contrasting colors, and in the section on osteology the origin and insertion of muscles are outlined on the various bones in different or contrasting colors,

conveying at a glance a mental picture of the gross features and action of the particular muscle, in a particularly happy way. Whether due to the ingenuity displayed in type, simplicity with accuracy of design, or color, the illustrations in this work appear not only attractive but quickly instructive and particularly and noticeably so.

Especially satisfactory also is the topographical anatomy and illustrative drawings—many of them new. To any one interested in anatomy or desirous of being so interested this book cannot but be attractive, for it more than ordinarily fulfills its mission. It can be recommended without reservation of any kind, but for students, its clearness, simplicity, comprehensiveness and illustrations make it more than acceptable. If a student cannot learn anatomy and how to use anatomical knowledge with the aid of this work, he cannot learn it at all.

The bookmaker has also done his part, in fact all who have had to do with it, have without question been qualified and fulfilled their obligation. So far as observable, errors are not in evidence.

The volume will doubtless be a much used text-book, combining as it does, brevity with excellence. W. H. H.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS: With Especial Reference to the Application of Remedial Measures to Disease and Their Employment upon a Rational Basis. By HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (7th) edition. In one 8vo volume of 770 pages, illustrated. Philadelphia and New York: Lea Brothers & Co. 1898.

The regularity with which successive editions of this treatise appear—averaging once a year for seven years—entitles it to be classed as an annual. This fact speaks louder than can any words of the reviewer in its favor and must be most gratifying to both author and publisher. To prepare the copy for the press of such a comprehensive work every year, especially where careful revision is made and improvements added, entails an enormous amount of labor. Add to this all the other literary work of the author, besides the demands of a busy practice, and we may well wonder where all the time, to say nothing of the strength needed, comes from. There must be an enormous storehouse filled with these important elements at Dr. Hare's command from which he is permitted to draw *ad libitum*. We wish he would give us the secret key.

We have spoken so often in regard to this work, sometimes in considerable detail, especially regarding its early editions, that there remains little to add now, beyond the general fact, hinted at above, that careful revision and discreet additions have kept this text-book abreast of time and science in their onward march—this remark applying with cogency to this particular edition. This issue, too has been made to conform to the British pharmacopeia of 1898, as it always has done and continues to do to that of the United States.

Finally, we desire to invite particular attention to the indexes. First comes the index of drugs that fills sixteen double column pages; then follows an index of disease and remedies, occupying forty-three pages, also double columned. The latter is filled with full therapeutic hints and directions for treatment, with references to the text for fuller details. Nowhere in the literature of medicine have we seen such completeness of indexing, which contributes not a little to make this one of the best books of its kind extant. If a physician or student must limit himself to one work on therapeutics and our advice were sought, we should unhesitatingly say get Hare's.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL. Edited by J. M. BALDY, M. D., Professor of Gynecology in the Philadelphia Polyclinic, etc. Second edition, thoroughly revised. Handsome imperial octavo volume of 718 pages, with 341 illustrations in the text and thirty-eight colored and half-tone plates. Philadelphia: W. B. Saunders. 1898.

It is less than five years since we were called upon to notice the first edition of this comprehensive treatise that forms one of a series put forth by this publisher and called American text-books. Yet it must be admitted that in these four or five years past there has been much improvement in methods, though we doubt if anything very new or original has been added to our stock of knowledge in the gynecological field. If we try and perfect that which we have on hand, so as to make it more useful in saving life or alleviating and preventing suffering we shall employ our time to its greatest advantage for woman kind.

In our review of the first edition of this text-book, published in Volume XXXIII., p. 559, *et seq.*, we went over it in detail, giving description and criticism, as is usual when a new candidate for favor appears. Now we shall only note the changes made, and refer our readers to our former notice for a more complete setting forth of the special features of the treatise, and its advantages as a work of reference.

To begin with we may mention that the editor has replaced more than forty of the old illustrations by new ones, that are intended to give a clearer understanding of methods. He prides himself that he does not illustrate specimens, and we concede that these are more proper in a medical journal or a society transaction volume than in a text-book. But while disclaiming to picture specimens, he yet proceeds to do so in a number of instances throughout the volume. In this edition the description of the preparation for each operation and the after-care of patients have been carried over to the chapters on technique and after-treatment—which, though enlarging these latter chapters, has relieved the body of the book by that much, and as also contributed to the avoidance of repetition. The chapter on bladder, urethra and ureters has been considerably changed, while the section on plastic work has been made over and greatly improved. This is very important since the profession is beginning to

recognise that here is the real field for much important operative gynecology.

The section on hysterectomy, that has been rewritten and more elaborately illustrated, is to be especially commended. This is the most important operation in the whole range of surgery, when viewed as to its possibilities, and its results in saving life, or restoring women to health and happiness, absolute or relative, hence everything that will throw light on the subject or tend to simplify or lesson its dangers, is to be welcomed. This author cannot be to warmly praised for his useful work in this direction and for the intelligent setting forth he has given it in this book.

As a final remark we may be permitted to add that this text-book is to be regarded as a decided advance in the methods of teaching gynecology, and the present edition is to be commended for the way in which it has kept pace with the hurry that is everywhere attending the progress of events.

PATHOLOGY AND MORBID ANATOMY. By T. HENRY GREEN, M. D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. New (eighth) American from the eighth and revised English edition. In royal octavo volume of 600 pages, with 215 engravings and a colored plate. Philadelphia and New York: Lea Brothers & Co. 1898.

We have heretofore had the pleasure of presenting to our readers notices of former editions of this excellent work, and we rejoice to be able to call attention to the new and improved issue of a standard authority on the subjects which it sets forth with so much clearness and accuracy. In the JOURNAL for November, 1889, and again in the issue of March, 1896, we have discussed the value of this work with considerable detail, especially in the first named reference. Now we shall feel called upon to merely set forth some of the improvements which this edition contains.

In comparing this with former editions it will be discovered that a change has been made in the sequence of the text. The reviser, Dr. Walton Martin, of the College of Physicians and Surgeons, says this became necessary in order to give consideration not only to general pathologic laws, but to their application to special tissues and organs—a statement with which we quite agree. Some new paragraphs have been added in order to make the text read consecutively as well as smoothly. Some of the material of former editions has been omitted, an in its place is found a chapter on animal parasites; a new classification of tumors has been introduced, more in keeping with present methods of teaching; and, lastly, we may observe that a number of new illustrations have been introduced, while some less satisfactory in character have been omitted. This work is one of great importance to the student of pathology and morbid anatomy, for it is constructed on lines abreast of the present status of this branch of medical science; and, moreover, is one of the best treatises on the subject that has been published. The frequent demand for new editions attest the truth of this assertion

and the further fact that it is quite generally used in the schools as a text, but accentuates it in a forceful manner. It is a book that no teacher of pathology can dispense with.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M D., (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital. David W. Finley, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume III. Eighth Series. 1898. Octavo, pp. xii.—355 Philadelphia: J. B. Lippincott Co. 1898.

Among the eminent American physicians and surgeons who contribute to the interest to this volume we may mention James M. Anders, of Philadelphia; J. Henry Carstens, of Detroit; John B. Hamilton, of Chicago; Joseph M. Mathews, Thomas Hunt Stucky, of Louisville, and Paul F. Mundé, of New York. In the foreign group we observe the names of T. Lauder Brunton, Sir Dyce Duckworth, Stull Graham, Frederick Trendelenburg, and Anton Wölfler. To these, with others, many of whose names are familiar in the literature of medicine, but which must be omitted for lack of space, we are indebted for one of the most interesting books in the series. In Charles Warrenne Allen's lecture on the treatment of certain skin affections there is a most excellent photographic reproduction of epithelioma of the nose, both before and after treatment. There are a number of plates and drawings, illustrating the text—a few more than some of the previous volumes have contained. This improvement is to be encouraged, for nothing serves to give zest to a printed clinical lecture so much as a proper illustration of the subject of the discourse.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN. Edited by LOUIS STARR, M. D., Consulting Pediatrist to the Maternity Hospital, Philadelphia. Second edition, revised and enlarged. Handsome imperial octavo volume of 1,244 pages, profusely illustrated. Prices, cloth, $7.00 net; sheep or half morocco, $8.00 net. Philadelphia: W. B. Saunders. 1898.

When an American text-book of the diseases of children made its appearance, four years ago, it was a work whose merits were so evident that it found its way into almost every physician's library. It was one of the first, if not the very first, of the modern American books on pediatrics. Since that time there have appeared a number of treatises by eminent authorities on diseases of children, yet even with the variety of works from which to choose, we feel that he will make no mistake who in buying for a small medical library selects an American text-book for his authority on pediatrics.

Like all the works in the American text-book series, it is bulky and unweildly, yet the publisher doubtless has his own reasons for presenting these works in an inconvenient form.

The first edition has been thoroughly revised, some articles rewritten, and others added. Among the additions is a brief, though useful, article by Dr. Thompson S. Westcott, on Modified milk and percentage milk mixtures, by reference to which the physician beyond the reach of milk laboratories will be able to wrestle successfully with the intricacies of percentage feeding. Dr. Rachford, of Cincinnati, contributes a new and valuable chapter on lithemia, a condition which not unfrequently passes unrecognised in infancy and childhood. This chapter is a very readable one, and will doubtless help the physician to understand many an obscure case.

Those familiar with Dr. Rochford's work recognise his right to speak with authority. Dr. James E. Moore, of the University of Minnesota, contributes a chapter on orthopedics, a subject not included in the old edition.

The chapters on typhoid fever, rubella, chicken-pox, tuberculosis, meningitis, hydrocephalus and scurvy have been entirely rewritten; those on infant feeding, measles, diphtheria and cretinism more or less completely revised, the volume being thus increased in size by fully fifty pages.

To sum up the matter, there is presented in this revised edition of Starr's text-book of the diseases of children an up-to-date treatise, whose merits are so well known and appreciated that to point them out would be superfluous. Indeed, the early appearance of a second edition is itself the best commentary on the rank and value of the work.

M. J. F.

A TEXT-BOOK OF MATERIA MEDICA, THERAPEUTICS AND PHARMACOLOGY. By GEORGE F. BUTLER, Ph. G., M. D., Professor of Materia Medica and of Clinical Medicine in the College of Physicians and Surgeons, Chicago. Second edition, thoroughly revised. Handsome octavo volume of 860 pages, illustrated. Philadelphia: W. B. Saunders. 1898.

A second edition of this book demanded and issued less than two years after the first speaks well for its reception. In our notice of the work when it first appeared (see the JOURNAL, February, 1897,) we pointed out a few of its excellent qualities and predicted its success. Since then there have been many improvements in pharmacology, chiefly in the direction, as the author states, in clearing from obscurity the material already at hand, rather than in recording recent discoveries of a startling nature.

The physiological action of drugs is constantly receiving more and more attention, and some additions have of late been made to our knowledge of this subject as relates to antipyretics, antiseptics, aconite, strychnine and a few others, all of which are here recorded. A chapter on the untoward effects of drugs has been substituted for that on definitions, while serum-therapy and the therapeutics of nuclein have been fully discussed in this edition.

The arrangement of the book is admirable, its type is clear, and its pages are most pleasing to the eye. This, in short, is one of the books that adds to the completeness of a physician's or a pharmacist's library and we feel sure that it will find its way into many of them—indeed all of the best.

DISEASES OF THE SKIN. An Outline of the Principles and Practice of Dermatology. By MALCOLM MORRIS, F. R. C. S., Surgeon to the Skin Department, St. Mary's Hospital, London; Corresponding Member of the K. K. Gesellschaft Der Aerzte in Wien, of the Wiener Dermatologische Gesellschaft, and of the Société Française dê Dermatologie. With 10 colored plates and 26 engravings. New and revised edition. Philadelphia: Lea Brothers & Co. 1898.

The first edition of Malcolm Morris's work appeared in 1894, in the form of a volume of 556 pages, illustrated with eight chromolithographs and seventeen wood-cuts devoted to the clinical facts, and the principles of treatment of skin diseases, based on the results of modern research as to their causes. The book now before us, similarly entitled, has attained the size of 589 pages, and contains ten colored plates and twenty-six engravings, thoroughly revised, partly rewritten, added to, and enhanced by giving the treatment after the description of the several diseases, instead of being included in one chapter as was the case in the former edition. The work is essentially clinical and practical in its scope and is characterised throughout for its clearness and simplicity of style, direction of diction, and strong common sense.

As a guide to furnishing useful information in the science of dermatology, it is alike suitable for the student, physician and specialist. E. W.

A GUIDE TO THE CLINICAL EXAMINATION AND TREATMENT OF SICK CHILDREN. By JOHN THOMSON, M. D., Extra Physician to the Royal Hospital for Sick Children, London; Lecturer on Diseases of Children, Edinburgh School of Medicine. In one crown 8vo volume of 350 pages, with fifty-two illustrations. Cloth, $1.75 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

To a young medical man or woman, inexperienced in examining children, lacking through ignorance as well as inexperience the tact requisite to make an examination successfully, and above all scarcely knowing how a well baby looks and acts, let alone a sick one, we cannot commend too warmly Dr. Thomson's book. The older physican who has had a considerable practice among children has already learned for himself some of the lessons it teaches, but, nevertheless, it is a book which he will enjoy reading, and one whose perusal will repay him. The author devotes a large part of the book to the examination of the child. Then follows chapters on nursery hygiene, infant feeding, therapeutics, including various agents other than drugs, as baths, packs, poultices, and the like, the indications for their use and the manner of employing them; and on food disorders, including rickets and scurvy. Barring the chapter on infant

feeding, which hardly satisfies our American notions on the subject, there is no unfavorable criticism to be made of the text. In its particular mission, that of familiarising the practitioner with the normal as well as the abnormal conditions of infancy and childhood, we know of nothing which approaches it in value.

M. J. F.

ELEMENTS OF HISTOLOGY. By E. KLEIN, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London; and J. S. EDKINS, M. A., M. B., Joint Lecturer on and Demonstrator of Physiology in the Medical School of St. Bartholomew's Hospital, London. In one 12mo volume of 506 pages, with 296 illustrations. Philadelphia and New York: Lea Brothers & Co. 1898.

A knowledge of the intimate structure of the tissues of the body is fundamental so that their study should begin with that of anatomy itself. This manual on the subject, now in its fifth edition, is one of the best of its kind. Its teachings are clear, concise, and at the same time scientific. Moreover, its size and form make it most convenient for the student.

In this edition a thorough revision of the text has been made, and about 125 pages, as well as over 100 engravings have been added, thus bringing it forward to the present time in its teachings. The recent progress in the knowledge of cell-life, and the discoveries in the structure of the central nervous system, as well as organs of sense, are herein set forth with remarkable precision and conciseness. It is certainly one of the very best elementary treatises with which we are familiar, having been adopted by most of the colleges as a working guide for students, and besides it contains all that is requisite for the general practitioner of medicine.

AMERICAN POCKET DICTIONARY. Edited by W. A. NEWMAN DORLAND, A. M., M. D., Assistant Obstetrician to the Hospital of the University of Pennsylvania; Fellow of the American Academy of Medicine, etc., etc. Containing the pronunciation of over 26,000 words, along with over 60 extensive tables. Philadelphia: W. B. Saunders, 925 Walnut Street.

Every medical student needs a good condensed dictionary—usually called pocket dictionary—that can be easily carried, and that is available at all times for immediate reference. This book is emphatically such an one and gives pronunciation as well as definition—an important consideration. Its price, $1.25, brings it within the range of the limited purse, which is another feature that adds to its usefulness It readily takes a front rank with books of its class.

THE DISEASES AND INJURIES OF THE CONJUNCTIVA, Especially the So-called Granulated Lids. By JOHN H. THOMPSON, M. D., Professor of Ophthalmology and Otology, Kansas City Medical College, Kansas City, Mo. First edition (with illustrations) Kansas City: Hudson Kimberley Publishing Co., 1014-1016 Wyandotte Street. 1897.

This little volume of 216 pages should be in the hands of every practitioner doing eye work. Nothing superfluous is written. No

space taken up with the various theories. The diseases of the conjunctiva are given with the etiology, pathology, prognosis and treatment in a concise and lucid manner. Many will not agree with him on his theory of Bowman's membrane, definition of trachoma, or the statement that acute conjunctivitis is not directly contagious. The work is carefully and conscientiously written, scarcely anything of real practical bearing on the various diseases described being omitted, and many hints that could only come from a large experience are given.

R. H. S.

THE MEDICAL RECORD VISITING LIST, OR PHYSICIAN'S DIARY FOR 1898. New revised edition. New York: William Wood & Co. 1899.

This is one of the handsomest and most practical of visiting lists. It contains calendars, tables, emergency hints, beside space for daily record of patients, obstetric engagements, consultation practice, cash accounts, special memoranda, etc., etc.. It, indeed, embraces everything the busy physician needs in such a book; besides, it is well printed and substantially as well as beautifully bound in seal leather, with broad flap and pencil holder, which contains a good pencil. This diary is too well known to need extended description or fulsome praise at our hands. No mistake can be made in choosing this book, as it is most satisfying in all respects.

THE ESSENTIALS OF HISTOLOGY. By EDWARD A SCHAFER, F. R. S., Professor of Physiology in University College, London. New (5th) edition. Revised and enlarged. Octavo, 350 pages, with 325 illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers.

A new edition of this excellent treatise, which has steadily advanced to the dignity of a text-book will be welcomed by all students of structural anatomy. In this revision fifty pages of material and sixty-seven engravings have been added. The illustrations are especially clear and are very helpful to the beginner. The author makes his description simple and easily comprehended, while at the same time this book is valuable to the advanced student and teacher. His directions, too, for the microscopical examination of tissues are simple and clear. It is a book in which the essential facts pertaining to histology are delineated.

BOOKS RECEIVED.

The Origin and Progress of Renal Surgery, with special reference to Stone in the Kidney and Ureter, and to the Surgical Treatment of Calculous Anuria; being the Hauterian Lectures for 1898, together with a critical examination of suppurietal injuries of the ureter. Henry Morris, M. A., M. B. Lond.; F. R. C. S.; Senior Surgeon to the Middlesex Hospital; Examiner in Surgery in the University of London; Member of the Council and Chairman of the Court of Examiners of the Royal College of Surgeons of England; Hauterian Professor of Surgery and Pathology, Royal College of Surgeons of England; Honorary Member of the

Medical Society of the County of New York. Philadelphia: P. Blakiston's Son & Co. 1898. Price, $2.00.

The Phonendoscope and its Practical Application. By Aurelio Bianchi, M. D., Professor of Preparatory Clinical Medicine and of Pathology, at Parma, Italy. With 37 illustrations. Translated by A. George Baker, A. M., M. D.; Physician-in-Chief of the Chinese Medical Dispensary, Philadelphia. Octavo, pp. 77. Philadelphia: George P. Pilling & Son. 1898. Price, 50 cents.

Acromegaly. An Essay to which was awarded the Boylston Prize of Harvard University for the year 1898. By Guy Hinsdale, A. M., M. D. Fellow of the College of Physicians of Philadelphia, and of the American Academy of Medicine; Member of the American Neurological and Climatological Associations; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases, and to the Presbyterian Hospital, Philadelphia. Detroit: Reprinted from *Medicine* William M. Warner, Publishers. 1898. Price, $1.00.

The Practitioner's Manual. A condensed system of medical diagnosis and treatment. By Charles Warrenne Allen, M. D.; Consulting Genito-Urinary Surgeon to the City (Charity) Hospital; Consulting Dermatologist to the Randall's Island Hospital; Attending Surgeon to the Good Samaritan Hospital, etc., etc. 8vo, pp. 85. New York: William Wood & Co. 1898.

A Manual of Physiology, with practical exercises. By G. N. Stewart, M. A. D. Sc., M. D., Edin.; D. P. H., Camb.; Professor of Physiology in the Western Reserve University, Cleveland, etc., etc. With numerous illustrations, including five colored plates. Third edition. Small 8vo., pp. 848. Philadelphia: W. B. Saunders. 1898. Price, $3.75.

The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals. By James Foster Scott, B A. (Yale University), M. D., C. M. (Edinburgh University): Late Obstetrician to Columbia Hospital for Women and Lying-in Asylum, Washington, D. C., etc. Octavo, pp. 436. New York: E. B. Treat & Co. 1899. Price, $2.00.

An Atlas of Bacteriology, containing 111 original photomicrographs with explanation text. By Charles Slater, M. A., M. B., M. R. C. S., Eng.; F. C. S., Lecturer on Bacteriology, St. George's Medical School; and Edmund J. Spilta, L. R. C. P., London; M. R. C. S., Eng.; F. R. A. S.; Formerly Demonstrator of Anatomy, St. George's Hospital Medical School, London. The Scientific Press Ltd., 28 Southampton Street, Strand. 1898. Price, $2.50.

Transactions of the American Gynecological Society, Vol. XXIII., for the year 1898. Small 8vo, pp. 491. Philadelphia: Wm. J. Dornan, Printer. 1898.

Transactions of the American Otological Society. Thirty-first Annual Meeting, New London, Conn., July 19, 1898. Vol. VII., Part —. New Bedford, Mass.: Mercury Publishing Co. 1898.

State Board of Health of Pennsylvania. Thirteenth Annual Report, for the year 1897. In two volumes. Wm. Stanley Ray, State Printer. 1898.

A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. With 653 illustrations. Octavo, pp. 846. Philadelphia: W. B. Saunders. 1898. Price, cloth, $5.00; sheep, $6.00.

A Manual of Bacteriology. By Herbert U. Williams, Professor of Pathology and Bacteriology, Medical Department, University of Buffalo. 8vo, pp. 263. With 78 illustrations. Philadelphia: P. Blakiston's Son & Co. 1898. Price, $1.50.

A Syllabus of Materia Medica. Compiled by Warren Coleman, M. D., Instructor in Clinical Medicine and Materia Medica in Cornell University, Medical Department. One volume. 16mo, 175 pages. Polished buckram, $1.00 net. New York: William Wood & Co. 1899.

LITERARY NOTES.

THE Palisade Manufacturing Co., of Yonkers, N. Y., has issued a beautiful antique brochure, entitled Chirurgy and Medicine—Ambrose Paré, 1579. It is a brief synopsis, illustrated with the quaint figures, of the original of "the works of that famous chirurgeon Ambrose Parey out Latine and compared with the French, by Tho Johnson, London. Printed by Richard Cates and Willi Dugard, and are to be sold by John Clarke, entering into Mercer Chappell, 1649." It is selected from one of the original volumes now in the congressional library at Washington, which now stained and worn by the lapse of over 300 years. These stains are immolated, as far as possible in the printing of this extract from the quaint book. It can be had on application to the publishers.

Climate is the title of a new medical magazine, the first number of which is dated November, 1898. It announces that it is devoted to the relation of climate, mineral springs, diet, preventive medicine, race, occupation, life insurance and sanitary science to disease—all for one dollar a year. The initial number certainly presents an excellent appearance. It is edited by Dr. S. Claiborne Martin, Jr., and a list of ten associates or collaborators and is published at 3408 Franklin Avenue, St. Louis, Mo.

THE *Metaphysical Magazine*," devoted to the advanced thought of the age—scientific, philosophic, psychic and occult—Leander Edward Whipple, editor," is about the most bigoted specimen of magazine literature extant, if the September issue for 1898 can be considered a fair specimen of its struggle with the few simple problems that it has allotted to itself, according to the above extract from its title page. Its attack upon the state board of medical examiners of Massachusetts is about as silly as it is idle, and we should be sorry for the board if such a senseless editorial column was not directed against it. To be defended by it would be at least suspicious.

MR. E. N. DICKERSON, of the New York bar, recently made an elaborate argument before the commission to revise the patent and trade-mark laws of the United States, a printed copy of which has been sent us by the Farbenfabriken of Elberfeld Co., New York. It is in the main a contention for the protection of medicinal drugs and preparations manufactured abroad, and the argument is

ingeniously and logically presented. There is, of course, a vast difference between the secret patented formulæ of the ready-made medical mixtures of the nostrum vender, and the legitimate chemical products of a scientific laboratory that have proved beneficial to the sick. Physicians of training, of course, discriminate between the two, but it will do them no harm to read Mr. Dickerson's presentation of the subject. The brochure can be obtained by addressing the above named house, P. O. Box, 2660.

THE *Medical Dial* is the name of a new medical periodical lately established at Minneapolis, the first number of which appeared in December and presents an excellent appearance. Dr. J. W. Macdonald is the editor and his associate is Dr. C. K. Bartlett.

THE Practice of Obstetrics, by American Authors, edited by Professor Charles Jewett, M. D., is forthcoming at an opportune time. Obstetrics progresses so rapidly, particularly in this country, that a completely new work by acknowledged masters of all the subjects it comprises will be welcomed. It will be a practical book as its title indicates, yet its suitability for the obstetrician will not lessen its value as a text-book. Indeed it numbers among its contributors the professors in many of the leading colleges, so that it will doubtless have widespread success in the student world. The publishers, Lea Brothers & Co., have spared nothing in typography and illustration compatible with issuing the volume at a price within the reach of all.

MESSRS. M. J. BREITENBACH COMPANY, 100 Warren street, New York, are sending out to the medical profession their year-book for 1899. This is a most useful daily memorandum for the desk and none who has heretofore used it could afford to do without it. If any physician has been overlooked he can obtain the book by addressing the publishers.

ITEM.

MODERN VACCINE PLANT.—The spirit of improvement has seized upon vaccine material and vaccination, and the result is glycerinated vaccine lymph, more successful vaccinations and much less suffering to the child. This new form is vaccine virus purified and preserved by means of glycerin and is now prepared in this country in the special vaccine laboratory of H. K. Mulford Company, recently erected on their biologic farm, at Glenolden, Delaware County, Pa. The laboratory is distinct from the general laboratory and is situated between the stables to which it is connected by venandas. This enables the employment of one while the other is being disinfected. The entire plant combines the best features of the most modern and improved vaccine establishments of Europe and is said to be second to none in the world.

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ABNORMALITIES OF THE BLOOD.—THE ETIOLOGY OF ASTHMA.

BY GEORGE N. JACK, M. D., Depew, N. Y.

ASTHMA is generally considered by the profession as an uninteresting and hopeless subject. A disease that comes as a sort of a *sine qua non*; to remain with its poor victim through life, and when death mercifully closes the strife, to mysteriously disappear, with all its instruments of torture, thus leaving no marks behind by which the pathologist may discover any clue as to the cause.

When I was an undergraduate, I heard a physician of some prominence tell a mother, who had brought to him her child suffering with asthma, that he did not pretend to know much about the disease, and that he did not think there was any help for it. While in college I heard one of my teachers state that he believed asthma was a curable disease, but he admitted that he did not see many cases, as a certain advertising physician got hold of most of them and wrought a permanent cure somehow, he did not know how, but he thought it was accomplished largely by the use of arsenic, potassium iodide and attention to the reflexes.

I believe it is time that the profession had some positive knowledge of a disease so important as asthma, that it may be scientifically and successfully treated, and with this aim in view this paper was written.

Let us consider asthma as a disease caused by some abnormal condition of the blood which reduces its oxygen absorbing and carrying property, thus causing a strained respiratory effort. The respiratory center of the medulla being irritated by this poorly oxygenated

1. Read before the Buffalo Academy of Medicine, December 13, 1898.

blood, telegraphs down the pneumogastric for more oxygen. It being the function of the lungs to supply this oxygen, they are vigorously set to work, forcibly expanding and contracting, until the bronchioles and the air sacs are filled to their utmost with air. Yet the blood not being able to absorb or carry this oxygen, still reaches the respiratory center in the same impoverished condition, which center responds as before and stimulates the respiratory muscles to a still greater strained effort. The excessive amount of air in the meantime and the strained condition of the bronchioles and air sacs, has resulted in the production of an acute hyperemia of their mucous membranes, which further aggravates and increases the severity of the attack. This state of affairs continues with all the characteristic symptoms of asthma, until the blood undergoes some chemical or physical change, which permits of a more rapid and normal absorption of oxygen. Each attack, according to its severity and duration, leaves some permanent or temporary pathological lesion, either upon the lungs, heart, alimentary tract, *i.e.*, fermentation or decomposition of food from an insufficient supply of oxygen, or an increased impoverishment of the blood, which condition or conditions predispose to other attacks, and thus the asthmatic state is kept up until by change of diet, surroundings and location, or by the proper administration of medicines, the blood is once again restored to its normal condition.

I am so firm a believer that asthma is produced by some dyscrasia of the blood differing in different cases, even in the same patient, as to age and surroundings, to truthfully believe that no physician should be allowed to prescribe for a case without first procuring a careful analysis of the blood. This is not a hard statement to prove, when one considers the relationship and co-workmanship of the lungs and the blood. It being the function of the lungs to carry oxygen to the blood, and of the blood to take oxygen from the lungs, then having impaired oxygenation with no pathological condition of the lungs as has always been proved in asthmatics, where can the pathological state exist if not with the blood?

That the lungs should spasmodically contract and expel a substance that cannot be utilised is only a natural phenomenon. This phenomenon is most beautifully illustrated by the stomach, for, as we all know, the stomach may be in a perfectly normal condition and contain food that it usually most rapidly assimilates, yet if the digestive ferments are absent or the liver or intestines in an unfit state to receive its contents or any more nourishment, it does

not take the stomach long to forcibly contract and expel its contents. The similarity between the lungs and stomach in many respects is very marked, the two organs affording, as they do, the only channels through which the system receives its nourishment and communicates directly with the exterior. Both also being supplied as they are by the same nerve, must naturally perform their functions in a somewhat similar manner.

Your attention is called to the similarity of these organs to illustrate how natural it would be for the lungs to spasmodically contract, expel and withhold air, so long as the blood cannot absorb it. The pathology of the blood in the asthmatic is as yet very poorly understood and in fact very little has been written on the subject.

I am confident that there are chemical and pathological changes in the blood that cannot at present be scientifically described from lack of study and investigation of this subject, but it is to be hoped that this paper will provoke a discussion that will sufficiently interest all those who have an opportunity to study the blood in asthmatics, to cause them to make a thorough scientific work of it, and that each and all will decide to contribute something, so that in a short time our text-books will contain some positive and useful information in regard to this torturing affliction.

The most marked and observable pathological conditions of the blood in the production of asthma are the anemic, leukemic and lithemic types. Each of these types is capable of producing asthma, but quite frequently they are joint coadjutants. Then, again, in some cases first one type then another will be the predominant etiological factor. The etiology of asthma under these diverse abnormalities is extremely interesting and varied. Indeed, the etiological factors are so numerous and varied that it would be useless and next to impossible to enumerate all of them. Only those most evident and often proved will here be considered. While the different types differ greatly as to their etiology in many respects, yet they have numerous, common factors, but for various reasons it is here deemed best to describe the etiology with its variations under each type.

I found in looking over a history of 223 cases by Salter, that 129 were described as being thin, pale and emaciated; 44 very stout; 30 healthy looking; 20 not stated. I therefore conclude that out of his 223 cases, 129 or over half were of the anemic variety; 44 of the lithemic and 20 doubtful as to class.

My experience corroborates this record as a majority of my cases have been of the anemic variety, especially among adults. I will first consider the anemic type, through the history of a very interesting case. I would like you to observe in the history of this case the absolute freedom this patient enjoyed from all asthmatic symptoms, during such occupation or modes of life as tended to produce a healthy, robust and vigorous blood.

CASE I.—John H., occupation variable; aged 29; born New York State. Average height and weight, and usually of a healthy appearance. Inherited tendency from father's side, grandmother and one uncle having had asthma for a greater part of their lives. No history of tuberculosis. Majority of ancestors have attained an active, robust old age. Patient never sick from any other disease. First attack at age of 6, which lasted about a month. Had slight attacks at long intervals, but did not suffer much from asthma until aged 10, when the attacks became very frequent and quite severe, so that a physician was consulted, who prescribed Fowler's solution, which was pushed to its physiological limit, potassium and ammonium iodide, dissolved in grindilla robusta, with a small amount of ipecac and belladonna. This treatment, with slight variations, was followed for about three months (treatment I learned from the physician himself). After this treatment the asthma entirely disappeared and the patient did not even have a symptom, with two exceptions, which I will note, until the age of 22, twelve years after. The exceptions alluded to were, first, a mild attack of one night's duration at age 19, while attending an academy; attack occurred just before the commencement exercises of his graduating year, when he was reduced in health, pale and thin, from study, worry and sedentary life. Second mild attack of two nights' duration, aged 21, while teaching school.

During this twelve years of freedom from asthma, patient states that he was most decidedly of a sanguine temperament, being red-faced, of an erect posture, full-chested, very active, large and muscular for his age. Patient having been brought up on a farm, states that this period of his life was full of hardships, exposure and exertion, as he worked on the farm summers and attended or taught school winters. Four months of this time patient enjoyed the honor of being a house-to-house book canvasser, in a foreign state and among entire strangers, where it was his province to occupy a different bed nearly every night, the "spare" bed, a damp, poorly aired affair, in a cold room. Yet he always had robust health, undisturbed sleep and a voracious appetite. Diet always consisted largely of meats.

After this period of twelve years' rest, first genuine attack occurred at age of 22, after a twenty-four hours' trial at railroading. Patient took his first and last trip on a freight train from Hornellsville to Susquehanna and return, a continuous trip which took one day and a night. It was late in the fall; the day was warm, but

the night was cold and frosty. Patient acted in the capacity of a full-fledged brakeman, as gang was one man short, riding most of the time, day and night, on top of the cars. Once during the night he came very near falling between the cars and being crushed to death. The fright added to the long continued nervous strain, loss of sleep and insufficient food, caused him to turn pale as a sheet. This anemic condition, as it proved to be, from fright and exhaustion, did not leave him, for when he reached home, some hours after, his mother knew that something had happened from his pale and haggard appearance. The following day after six hours peaceful slumber he went about his usual vocation, feeling as well as ever, not giving his fright a thought nor relating it to any one, and his nerves were as quiet and steady as ever, but all those he met remarked at his pale, haggard appearance. On the following night he was taken with a severe attack of asthma, which lasted about three days and nights. Patient describes this as one of his most severe attacks. A physician was called, not the one before consulted, who gave the usual remedies for asthma, excepting the arsenic, which did little or no good. Patient has had asthmatic attacks ever since, but as the history clinically proves a point which I wish to make, I shall rather minutely continue it. The following year patient taught school. During the full term the anemia continued, with loss of appetite, indigestion and a poor boarding house. Attacks were mostly nocturnal, following days of an unusual amount of work and worry. Would also come on if patient slept in a poorly aired bed, in a cool, damp room. There seemed to be no other exciting cause. Winter term found patient in a different boarding house. In fact, it was with a private family, who made cooking an art, and were rich livers. At every meal there were meats of various kinds, daintily prepared and perfectly cooked. Patient was soon restored to his usual, voracious appetite, which he most greedily satisfied. His red face reappeared, and although he slept in a cold room, underwent a great amount of exposure, and often caught cold, he did not have an attack nor a symptom of asthma that winter. Spring term found patient in another boarding house, furnished with a spacious, sanitary bed room, heat and ventilation being perfect, but the food was decidedly poor as to quality, quantity and mode of preparation. Patient's red face and appetite was soon replaced by indigestion, anemia and asthma. Attacks were nocturnal, coming on after days of unusual exhaustion. For several weeks there seemed to be no other exciting cause, but after this vicious circle became more firmly established, the exciting causes, or agents which usually produce paroxysms, were exceedingly numerous, in fact I never have read of a cause that was not mentioned in this case and many were described that I never before heard of. I did not, however, give them much consideration, for I believe that after a certain vicious circle has been established, the agents which excite asthmatic paroxysms are misleading, and that they only serve as an open trap into which most investigators have fallen.

The next three years of our patient's life we find to be occupied attending college in Buffalo, and the history repeats itself, hearty food, voracious appetite, no asthma; poor, insufficient food, anemia and asthma. For one whole year of college life, patient did not have an asthmatic symptom. Did not take much medicine while in college, but did have nose examined and exostosis was found and removed, but it never seemed to influence the asthma at all.

The last three years of patient's existence figures with office work and the upbuilding of a practice in his chosen profession. For first six months the patient lived in his office alone, taking two meals out and getting his own breakfast. The confinement, anxiety and insufficient food produced extreme anemia, with severe and frequent paroxysms of asthma, in fact patient states that he had the asthma so much that he could not think of any exciting cause, as it seemed to be one continuous attack. He was constantly under a physician's care and all asthmatic remedies were faithfully tried with no improvement. The only remedy that would allow sleep was chloroform.

At the close of this six months the patient's parents came to keep house for him, and he had such foods as a mother only can prepare. No one else could cook meat just to suit the taste, and always just the kind he wanted. As a result, patient lived almost exclusively upon a meat diet—meat three times a day—although this was just the opposite of what his physician had prescribed. But how much faith could he, and ought he to have had in physicians after this six months' trial? He not only went directly against his physician's orders, but stopped all medicines. As a result, his anemia and asthma disappeared, color came back to his face, and flesh to his bones. He continued to physically thrive for about one and a half years, with only a few mild attacks that were of no account. Patient was now so encouraged over his case that he thought he could be entirely cured. He therefore sought the advice of another physician, one of some repute in asthmatic cases. The physician, in obtaining his history, found that the patient was a heavy meat eater. From what he had read and knew of the subject the physician concluded that this was wrong, therefore meat was again interdicted, and patient put on a diet consisting mostly of milk, eggs, toast, and the like. He was also medicinally put on what I would consider an antiuric acid treatment, taking such medicines as syrup of hydriodic acid and sodium phosphate, alternating with lithium, potassium and sodium bicarbonate, also took a pill composed of arsenic, extract belladonna, extract physostigma, extract euphorbiæ piluliferæ fluid, extract sumbul and extract eucalyptus, also using a spray; in fact, from all that has been known on the subject, the treatment would be considered perfect. For about six months of this treatment the patient continued about the same; did not have much asthma when he began the treatment, and remained about the same for six months. At this time the patient married, also had more work than he could attend to, was so busy that he could

not have his meals on time, and then often was compelled to hurry through with them. Three months of this life, in spite of the fact, or rather as I believe, hastened by the fact that the patient faithfully carried out his physician's directions, his vicious circle was again restored; improper food, indigestion, anemia, asthma. One feature that strongly suggests anemia in this case is that the attacks came on about eight or nine o'clock every evening. It seems that the blood would recuperate enough during the night's rest to last the patient for fifteen or sixteen hours of exertion, when the blood would again become so changed, that it could not properly absorb or carry oxygen, and as a result the patient had asthma. In a short time after retiring for the night the patient would drop into a sound, natural slumber, without the aid of any drug, and sleep until called in the morning, whether it were seven, eight or nine o'clock. On arising he would feel in good health and spirits until evening, when he would become so pale, haggard, exhausted and asthmatic that life was a burden.

The above history is of value in that it is a clinical proof of a case of asthma due to anemia or an abnormal blood which had undergone such chemical or physical changes that it could not absorb or carry a sufficient amount of oxygen; also that the nerves, reflexes and lungs took no part in the production of this asthma other than the performance of their physiological duty.

I was called to see the patient at about 8.30 o'clock in the evening, when I found him in paroxysms of asthma so severe that he could hardly speak even in monosyllables. I did not try to elicit any history that evening, but gave the patient a hypodermic injection of morphine, one-fourth, atropine, 1-300, nitro-glycerin, one one-hundredth and strychnine, one-sixtieth, and advised him to go to bed and sleep well, for I would call in the morning and wanted him to be able to furnish me with a complete history. Morning found the patient in good spirits after an undisturbed night's slumber, when I proceeded to elicit from him the above complete and interesting history.

After a thorough study of history I concluded that this case of asthma must be due to some blood dyscrasia. I, therefore, had a careful analysis of the blood made with the following results: Red blood corpuscles, 80 per cent.; hemoglobin, 40 per cent.; plasmodium malariæ, present.

After this analysis, the anemia was proven and a very important discovery made, that of the plasmodium malariæ. The treatment now was simple—kill the plasmodium and cure the anemia. I did not see the patient the following day until 4 o'clock p. m., and in order to prevent an attack of asthma that night, I immediately gave him twenty grains of quinine at one dose, and prescribed whiskey to be taken an hour later. That night the patient instead of sitting in his office as usual and laboring for air, had no signs of asthma and no bad effects from the quinine other than dryness of the throat. It seemed to check the secretions and stop the cough so suddenly as

to give it the effect of a large dose of morphine and atropine. There being no cough nor dyspnea, it made the patient feel so light and free that his wife could not persuade him to remain at home that evening, so he walked half a mile to a political meeting, took part in the meeting and walked back home, feeling like a different man.

Patient called at my office next day, and I prescribed iron, arsenic, strychnine and quinine in large doses. I also gave him tincture of gentian compound with syrup of hypophosphites. As to diet, I ordered rare beef steak or roast, as much as he could eat and digest, and at every meal if he could tolerate it. The beef agreed with him to such an extent that he longed for it at every meal and would not eat without it. He took bone marrow also with excellent results. The patient was soon put on cold water baths, beginning with salt rubs. The rubs were given by soaking towels in a saturated solution of salt, allowing them to dry, then rubbing down with one every morning for ten mornings. After this, a cold plunge was taken every morning. The results of this treatment were phenomenal. The asthma did not reappear, but patient had a few symptoms for a week or so, and whenever a symptom presented itself the prophylactic measures, which never failed, consisted in large doses of quinine, followed by whiskey. After two months of this treatment, the patient regained his long lost sanguine temperament and ten pounds in weight.

This treatment works equally as well in asthma, due to anemia when the plasmodium malariæ is not found, and it is not probable that this germ figured for more than a few weeks in the history of the above case.

CASE II.—*Asthma Due to Leukemic Blood.*—Milton S., aged 35, born in Ohio, resides in Depew; weight, 153 lbs.; height, 5 feet 4 inches. Chest examination negative. No history of tuberculosis or asthma in ancestors. Occupation, carpenter. Ten years ago had syphilis. Since having syphilis, has been the father of four children, all of whom are now living and healthy. Never was sick until he had asthma, one year ago last July, when he consulted me. I did not know the nature of his asthma, and he not having money to pay for a blood analysis it was not then made. I then discovered that patient had been out of employment for nearly six months and that he and his family were in destitute circumstances, not having had a good wholesome meal in that time. I told patient that all I could do for him would be to give him a letter to the doctor for the poor and poor master, which he very reluctantly accepted. From July to December patient was under the care of this physician. In December the father-in-law of the patient called at my office and offered to go security for my bill, if I would take charge of the case, as the poor doctor had given up the patient. I therefore called and was informed that the patient had had asthma almost continually since I first saw him six months before, and during much of the time the only position in which he could breathe at all was standing with

hands fastened to some object above his head. For the last month patient had had hemoptosis, coughing up so much blood at one time that his wife thought he would bleed to death. The patient's family and Poor Physician thought he had tuberculosis and that he would live for only a short time. Examination of heart, lungs and kidneys negative, or at least, as I thought, only such conditions existed as were to be expected from such a protracted and severe attack of asthma. Poor Physician informed me that he had faithfully tried all asthmatic remedies, and especially potassium iodide, as he expected the syphilis had something to do with the case, but with no benefit. I became interested in the case and ordered patient to be taken to a hospital immediately. The family objected, as they had not the financial means, neither did they deem it any use. However, by persistence I learned that the patient had a well-to-do brother in Ohio. I obtained the brother's name and address and wrote to him explaining the situation, also giving my opinion of the case. As a result the patient was sent to a hospital in Cleveland, Ohio. I accompanied him to the hospital and had his sputum and blood analysed, with the following results: Leucocytes, 1 to 19; red corpuscles, about normal as to number; hemoglobin, greatly diminished; plasmodium malariæ, absent; sputum analysis, B. T. absent; Curshmann's spirals, absent; Leyden's crystals, present.

After blood analysis, the patient was given a careful general examination. The spleen was decidedly enlarged. Nothing unusual was found about the heart and kidneys for a patient who had had a six months' attack of asthma. Lung examination revealed all the characteristic symptoms of asthma. After the above examinations we concluded that we had a case of asthma, due to leukemic blood, and that the most probable cause of the patient's leukemic condition was his poor food, unsanitary surroundings and syphilis.

The treatment consisted in first depleting the system as far as strength of patient would allow, the object being to drain the lymphatic system and carry off the excessive amount of lymph. This was accomplished by calomel, followed by Epsom salts. During this draining process, which lasted twenty-four hours, the patient was sustained by a large amount of whiskey, liquid peptonoids, strychnine and predigested milk. The quantity of lymph that was thus extracted was surprising. The patient became so weak that it was necessary to apply artificial heat, and to give copious injections of saline solution. These injections were given subcutaneously in region of the nipples, by means of the needle and hose of an aspirating apparatus attached to a fountain syringe. After forty-eight hours of this treatment patient began to rally, sat up in bed and remarked how well he felt and easily he breathed. In fact his asthma had nearly disappeared, and it did not again manifest itself to any appreciable extent. The rest of treatment consisted in large doses of Fowler's solution, strychnine and a rich nutritious diet.

After three months of this treatment the patient returned home, obtained employment at his trade and has not been sick since, and

with the exception of a few mild attacks, the only reminder of his asthma is shortness of breath after unusual exertion.

CASE III.—*Asthma Due to Lithemic Blood.*—MRS. R., aged 38; height, 5 feet 4 inches; weight, 180 lbs.; born in New York; resides in Depew; married at age 18; mother of ten children, all living and healthy. One cousin and two brothers have asthma. No history of tuberculosis. Patient had rheumatism two years ago, which confined her in bed three weeks, otherwise never sick with anything but asthma; has had asthma for thirteen years. The patient stated that she had not been able to sleep scarcely one whole night in bed during this thirteen years. She also stated that her asthma continued to grow worse, and that for three or four weeks before treatment had one continual attack. She was always a hearty meat eater. Claims that she had been treated for years with no benefit. The principal exciting causes were east wind, damp, stormy weather, wet feet and exertion.

I was called to see the patient one year and a half ago—a night call. I found her sitting up, gasping for breath and unable to speak. Her husband was greatly excited, expecting her to die every minute, and wanted to send for the priest. After an examination of her pulse, heart and lungs, I told him he need not be alarmed, and immediately gave her a hypodermic injection of strychnine one-thirtieth, morphine one-fourth, atropine one-three-hundredth and nitro-glycerin one-hundredth, also gave her by mouth twenty grains of quinine and a tablespoonful of Epsom salts, dissolved in half a glass of hot water. I watched the patient until she began to breathe easier, then advised her to lie down, as I believed she would be able to sleep. The next morning I found her in good condition, and learned that she had slept fairly well the previous night. The only thing the patient complained of was ringing in the ears and dryness of throat. She was also alarmed at the fact that she could not raise anything when she coughed, but after informing her that I intended to draw off through her kidneys and bowels the irritating substances that had produced the mucus she had coughed up she was quite at rest. Analysed the urine with the following results: Specific gravity, 10.24; reaction, very acid; albumin, absent; sugar, absent; uric acid, increased.

Blood Analysis.—Red corpuscles, normal; white corpuscles, normal; alkalinity, diminished; plasmodium malariæ, absent.

This case proved to be a very discouraging one to manage. For a long time treatment seemed to be of but little or no benefit. Approaching storms, wet feet, exertion, overheating, or a sudden chilling, seemed to reduce the alkalinity of the blood, thus allowing a fresh precipitation of uric acid and other crystals, which continued to act as an irritant, sufficient to interfere with the capillary circulation of the lungs. This impaired lung capillary circulation soon resulted in poorly oxygenated blood, which in turn irritated the respiratory center of the medulla oblongata, as poorly oxygenated

blood always must, or respirations would cease. Thus the lungs were encouraged or compelled to put forth vigorous respiratory efforts, but the blood not being there to absorb or carry the oxygen, the lungs soon became exhausted from their useless effort, and poorly nourished condition, and as a result they, as the most natural and only thing to do, spasmodically contracted.

After about six weeks' treatment the asthma began to yield and one month later the patient thought she was cured. This was about one year and two months ago, and since that time the patient has had only a few mild attacks. The attacks were so mild that she has been able to sleep in her bed every night and all night since treatment.

In this case most every therapeutic measure was tried, but those which, as I believe, produced the cure, consisted of a milk and buttermilk diet, with eggs, toast, bread, preserves, and the like; also sodium phosphate, potassium iodide, latter often given in form of syrup hydriodic acid; alternating with potassium, sodium and lithium bicarbonate. The following pill was also given throughout the treatment with a few changes every twenty days:

℞	Strychniæ sulphate	
	Acid arsenosi	āā gr. ii.
	Ext. euphorbiæ piluliferæ fl	ʒ iii.
	Aurii et sodii chloridi	
	Zinci phosphatis	āā gr. iij.
	Ext. belladonnæ	
	Ext. physostigmati	āā gr. v.
	Aloes socotrinæ	gr xii.
	Quinine sulphatis	ʒ iii.
	Ext. sumbul	
	Ext. eucalyptis	āā ʒ ii.

M. et ft. pil. no lx. Sig. One before food.

This made a rather large pill, but each ingredient was prescribed with an object in view and the patient was easily encouraged to take it, which she did with splendid results. Thus the alkaline treatment eliminated the uric acid and other irritating crystaline substances from the blood, while the pill restored the lungs, nerves, heart and alimentary tract back to their normal standard.

AT THE Maternité of Marseilles, the mortality amongst infants born before term has diminished considerably since 1896. In that year there were thirty-six deaths, while in 1897 there were six deaths only. This notable decrease seems to be due to judicious employment of artificial serum in enemas at the daily dose of three ounces, or an ounce three times a day. Subcutaneous injections are rarely employed.—*Medical Age.*

CAMPS OF INSTRUCTION.[1]

By PETER C. HARRIS,
' First Lieutenant and Quartermaster 13th Infantry, U. S. Army.

THE object of the meeting has my most hearty approval, and to be selected to discuss the subject with men of such ability as those I see before me tonight, is an honor which I appreciate most highly. I regret, however, that the demands upon my time have been so great that I am compelled to present a hastily prepared paper, covering only the most important points of my subject.

The necessity for camps of instruction has been made so apparent in our late war with Spain that any remarks I might make would seem almost superfluous. They are required for the regular army as well as for the national guard or militia of the several states. They are even more beneficial to officers than to enlisted men.

For the regular army, camps of instruction are intended to supplement instruction received at posts. It is presumed that officers and men are thoroughly drilled in close order and extended order, at least to include the company and to some extent in outpost and advance and rear guard duty; therefore, for the regular army, such camps should resemble the autumn maneuvers of the European armies. On the other hand, the national guard or militia, except those from larger cities, must begin with the school of the soldier.

"Military drill is intended (1) to instruct the man in certain movements for his greater efficiency as a soldier acting with others and (2) to develop a certain power of physical endurance." A young recruit cannot keep pace with a full-grown and completely trained man in the ranks, mainly because his heart and blood-vessels are not fully developed nor specially trained." (Military Hygiene, Woodhull.) The time required to train a soldier is difficult to determine. Until within the past few years recruits for the regular army were sent to recruiting depots, where they were drilled for four months by specially selected officers and noncommissioned officers before they were assigned to regiments or companies. After arrival at the posts of their companies, they were still drilled as recruits from two to four and sometimes six months, before they were placed in ranks with the old soldiers. They were not yet considered trained soldiers, but were sufficiently advanced to receive their instruction with the other men of the company. In 1894 these recruiting depots were closed and now recruits are sent at once to join their companies, but are drilled separately as recruits from four to eight months.

1 Read at the regular meeting of the Buffalo Sanatory Club, December 14, 1898.

We cannot, of course, hope to have the national guard devote so much time to the preliminary instruction of the soldier. But how much instruction should be given them ?

The militia of England can be called out from three to four weeks annually and the period can be extended to eight weeks. Recruits on joining the volunteers of England attend thirty drills, and afterward, as a minimum, they must attend nine drills annually. The annual training period of the Canadian militia extends over twelve days.

No continental nation has a military force corresponding exactly to our national guard, but certainly the latter should receive at least as much training and instruction as men who are simply intended to fill vacancies in the reserve of the regular army of these nations or to form part of the army of the second line. The ersatz reserve of the continental armies receive from two to four months' training. The Landwehr, of Austria, " consists mostly of men who have completed ten years' service in the active army and in reserve; ten years' service in the ersatz reserve; and such men as, escaping the annual contingent, are at once assigned to it for the twelve years, during which they are liable to military service. . . . . .

" The men of the landwehr are required to attend one muster a year. The recruits who annually join receive eight weeks' training at battalion headquarters before being sent on furlough. There is also a company drill of a fortnight each year after the harvest, and every two years there is battalion instruction for three weeks, during which time the battalions must take part in the army maneuvers." (The Armies of Asia and Europe.) I have explained more fully the instruction of the landwehr of Austria because, in my opinion, this would be an admirable system to adopt for our national guard.

The company drill and a part of the recruit drill might be distributed throughout the year and in a city might be at night in the armory. The importance of thorough instruction of the recruit cannot be overestimated. Recruits of the national guard should during the summer or fall be sent to camps of instruction for at least four weeks and those from the country and smaller towns, where instruction is not continued throughout the year, should be given eight weeks' instruction in these camps. One half of the national guard of the state should be called out each year for three weeks' instruction. In states which have only two or three regiments it might be best to call out the entire guard every two years. But, it may be said, no state would be willing to expend so much on its

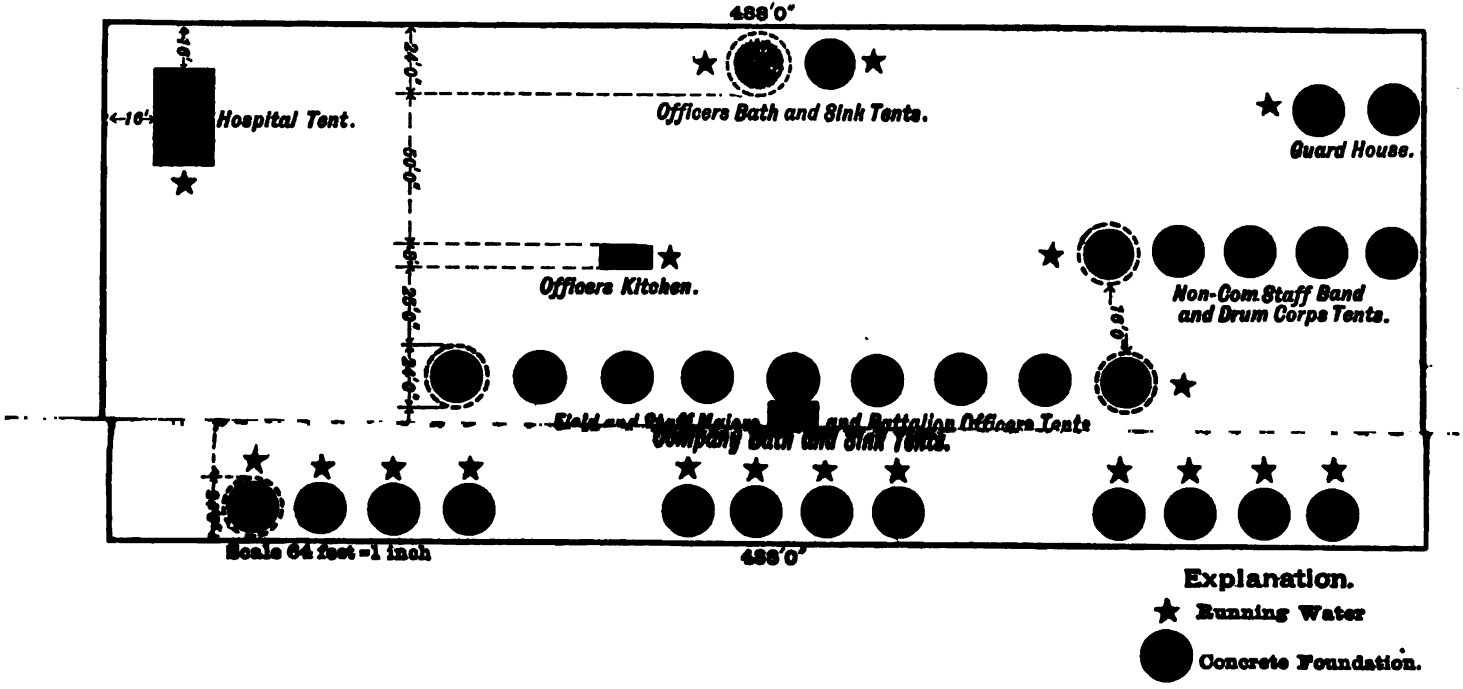
soldiers. Congress should meet this objection by increasing the annual appropriation for the militia from four hundred thousand dollars to at least ten or twenty times that amount. The United States, as a whole, is or should be far more interested in the instruction of the national guardsman than any state can be.

The sites for camps of instruction should be selected by a board composed of a line officer, a surgeon and an officer of the quartermaster's department. I shall not presume to discuss the sanitary requirements of the site, but will pass at once to transportation and supplies.

The order for the concentration of the regular army at Tampa and other points in April last, directed that rations for one month, a limited amount of subsistence stores for sale to officers and enlisted men, and all wagon transportation be taken from the different military posts. As companies cannot very well take care of such a quantity of rations in the field, this order virtually required each regimental commissary to keep a store-house and make issues as well as sales of subsistence stores. This system was soon abandoned, but it has this to say in its favor—namely, that while at Tampa there was not a day that the men of the 13th Infantry failed to secure full rations, including fresh beef and vegetables. After leaving Tampa we did not fare so well.

At Montauk Point there was one commissary depot from which rations were issued every five days. For camps of instruction this would certainly be the best method. There should also be a temporary depot of quartermaster supplies at each camp.

As previously stated, all wagon transportation was taken from the different military posts to Tampa. This gave some regiments twenty or more wagons, but in most cases the regiments had less than half that number and the 13th Infantry had just two four-horse wagons. After a while our horses were taken away and mules substituted, but there was never a time at Tampa, or in fact during the war, when the regiment had more than two wagons. In Cuba we had no transportation whatever with the regiment. At Tampa we were informed that each regiment of infantry would be given twenty-five army or six mule wagons, the allowance fixed by general orders, but instead of issuing more all regiments were limited to two wagons, and brigade wagon trains were formed. This gave each brigade a wagon train of about thirty wagons and each regiment two wagons. There were also six or seven trains of pack mules at Tampa, but they were not sufficiently trained to be of any service until about the time we left for Cuba.



HYGIENIC CAMP OF A REGIMENT OF INFANTRY.

At Montauk Point each regiment of infantry, in our division at least, had two four-mule wagons. All other transportation, about one hundred and thirty wagons, was under the immediate order of the chief quartermaster. I have not included the transportation with the cavalry and artillery. Every regimental quartermaster and commissary condemned the system used at Tampa and Montauk Point. The transportation should be distributed to the regiments.

From the camps of instruction the regiments should make practice marches under conditions as near as practicable to what would be expected in actual warfare, and certainly they should have the transportation fixed by general orders as the minimum allowance for a regiment in the field. The general order referred to, which was issued May 25, 1898, also fixes the allowance of transportation for the headquarters of a brigade, division and army corps.

I will close with a few remarks upon the plan of the survey of a camp. The plan I have here is taken from the infantry drill regulation. (See illustration.) The distance and intervals are mine. None are given in the drill regulation, as they vary so much with the nature of the ground and the strength of the command. The tents are placed farther apart than is usually found in practice, but for camps that are to be occupied more than a week this is necessary. Once each week the tents should be moved to a new site and the old site scraped and exposed to the sun. To enable this to be done the space between the tents is made equal to the width of the tent. The tents of each company are usually arranged in two lines facing each other, but they may be arranged in one line, all facing in the same direction. The plan I have is made on a basis of three men to a common tent or ten to a conical wall tent. The minimum allowance of tentage is six men to a common tent and twenty to a conical wall.

FORT PORTER, BUFFALO, N. Y.

WHY AND HOW THE EYES OF CHILDREN IN THE PUBLIC SCHOOLS SHOULD BE EXAMINED.[1]

BY LUCIEN HOWE, M. D., Buffalo, N. Y.

THIS society has had a corporate existence now for over three quarters of a century, and while the by-law requires the retiring president to present what is called an address, the unwritten law of custom during that long time has required him to deal with some

1. President's address before the Medical Society of the County of Erie, January 10, 1899.

question of general medical interest, preferably some phase of the public health.

I feel under special obligation to discharge also this part of the duty for, as I am informed, this is the first time in the history of the society that any member has held the presidency twice. It is an honor undeserved I fear, but deeply appreciated I know, and one which should be thus properly acknowledged with hearty thanks.

So much has been written on the effect of school life on eye-sight that I would not venture to call attention to so hackneyed a subject were it not that in this vicinity it appears comparatively unknown to the profession in general and to teachers in particular. It is now over a quarter of a century since the first wave of investigation in this direction swept over the world, starting from Europe and advancing thence to America. About thirty years ago and more, when the continent of Europe was mobilising into one vast camp, the conscripting officers found that large numbers of young men were escaping military duty because they were too shortsighted to see the target at the required distance. More systematic investigations were then undertaken to ascertain the causes, and it required but a short time to find that much of the nearsightedness could be traced to school life. These investigations were pushed then in Germany, France, England and elsewhere and the subject was taken up in this country by Agnew and others. In 1876 the Buffalo Medical Association appointed a committee to investigate the effects of school life on the eyes of the children in this city. It happened that I was the chairman of that committee. An examination at that time was made of a little over 1,000 pupils, or exactly 1,003.

The results showed that about the same condition prevailed in Buffalo as had been found elsewhere, the same causes here—defective school furniture and bad light—producing its quota of imperfect vision at the time and the promise of serious disturbances in the future. It was found, for example, that in the primary classes the percentage was exceedingly small of those nearsighted, or who had eyes otherwise imperfect, but that this percentage increased in almost constant ratio with the advancing school years, so that by the time these young men and women were graduated from the High School, 19.7 per cent. were nearsighted or had eyes otherwise defective. In other words, it was impossible to have five children finish the prescribed course without sending one of them out with imperfect vision. Although that was over twenty years ago, there is every reason to

believe that the imperfect conditions are practically the same at present.

I would not be understood as finding fault unnecessarily with our public school system. There are plenty to do that, but it is proper to state what the dangers of school-life to vision are, even though a part of these be to a certain extent inevitable. In stating these briefly we must place first of all the production of nearsightedness. It is well known, of course, that the nearsighted or myopic eye is one elongated from before backward, egg-shaped or elipsoidal. We know also that it is produced, in the majority of cases, by hydrostatic pressure. As the person bends forward, the blood is pumped through the arteries into the eye, and if the return circulation is retarded by the force of gravity, by the head being bent over the desk, or secondarily by compression of veins at the neck, then this increased amount of blood in the eye gradually distends the globe.

In a slight degree, of course, nearsightedness is simply an inconvenience easily corrected by glasses, but in the progressive form, or the variety known as malignant myopia, it forms one of the most difficult and dangerous maladies which we are called to treat. But if stooping causes nearsightedness, we naturally ask why the pupil does this and how it can be avoided?

We find the reason for his stooping is:

(*a*) An ill-adjusted desk and seat. The desk must be at a suitable distance from the seat, and the seat of a certain height, preferably the same as the height of the knee. In this way the pupil is enabled to sit upright.

(*b*) The light may be imperfect, requiring the pupil to approach his head to the book, or

(*c*) The light may come from the wrong direction—from the right side, causing the hand to shade what is being written.

A second danger from school-life to the eyes is that if any imperfection in vision already exists, this tendency is increased by the strain which the present school routine demands. Thus, if there exist a tendency to astigmatism, to amblyopia from strabismus, or to any similar disease, this is apt to be aggravated if it passes without correction in early life.

Third.—Contagious diseases of the eyes are frequently propagated in schools—very rapidly, of course, in those school houses where, with utter disregard of hygiene, roller towels are still allowed, and also from the contact which children have with each other in

their games there or when coming and returning from school. Under this class of difficulties we have various forms of conjunctivitis, simple catarrhal conjunctivitis and especially granular conjunctivitis.

There are other diseases of the eye which might be mentioned in this connection, but it is possible here only to mention briefly what is well established and in regard to which doctors do not disagree—at least not those who have considered the question at all.

These three classes of diseases of the eye alone are sufficient to indicate why examinations of the eyes of pupils should be made at frequent intervals, at least as often as once a year.

As this paper is restricted to the reasons for these examinations and the proper method for conducting them, it is out of place to consider here any method of treatment. But it goes without saying that such examinations force upon teachers and school boards, and especially upon parents, a sense of the necessity of suitable school furniture, good light, good print and such other precautions as are desirable not only for defective children, but for all pupils as well.

Before leaving this phase of the subject, let me call your attention to certain data bearing on these points presented in the report made last May by the Buffalo School Association on the sanitary condition of our public school buildings. Take first the causes of nearsightedness. First, in regard to school furniture, that report makes the following statement:

"Adjustable desks are entirely wanting in nearly all of the schools. The desks that are used vary little in size, as a rule, in any one room. But in the lower grades of many schools there are large numbers of boys and girls of foreign parentage, just learning the English language, who are far behind their proper grade; these are very often compelled to sit in seats intended for children of half their age. As a consequence, they are not only tortured for the time being, but they are exposed to permanent injury. A very great improvement in this direction could be easily effected by placing more large desks in primary rooms and shifting them about from year to year according to need.

Adjustable desks—now beginning to be much used in other cities—would be a far better remedy still, and would cost little more.

The need of adjustable seats is as noticeable in the new schools as in the old—a fact that will serve as well as any other to point a criticism which the new school buildings deserve—that they show no adequate degree of improvement over the old."

Second, insufficient light:

"There are reported five (5) rooms in which the light is insufficient even on bright days and over one hundred (100) in which the light is insufficient on cloudy days. In forty (40) of this latter number, artificial light is used on cloudy days from a few minutes to all day, depending upon the season of the year and the weather.

Three annexes are overshadowed by the adjoining main buildings, and the light in one of these is so poor at times that work must be stopped.

In one school kerosene lamps are used in two basement rooms."

Third, as to the direction from which the light comes, the following facts are given:

"In quite a number of rooms the light falls on the desks from the wrong direction, that is, from the right side. In at least thirty-five rooms the children face the light to a greater or less extent."

How little the import of such a state of affairs is appreciated is shown by the following instance given in this report:

"The desks in one school room (No. 40) were placed facing the light, because they 'looked better so.'"

In regard to the danger of infection also the report gives valuable testimony. Of the use of towels it says:

"There is no rule as to the use of towels in the schools. Many schools allow none whatever for the children; others have the habit of furnishing a few; for example, one school has one towel every two days for 110 children; another, one a week for 200 children; another, two a week for 138 children."

This report, it will be remembered, was made last May, and it is but fair to assume that the state of affairs which it described is still substantially true. For it should be added concerning all these points that the Superintendent of Education, though keenly alive to these defects, cannot act in that capacity and as medical examiner of schools also. Moreover, most of the defects mentioned come not under his jurisdiction, but under that of the Board of Public Works. None the less, however, they show the reasons why such examinations should be made in Buffalo. Especially do they show that we should have connected with the Board of Health a special officer as examiner of schools. An attempt has already been made to obtain an appropriation for such a medical officer, but thus far without avail.

So much for the reasons why the examinations should be made. Passing next to the second portion, as to how that is done, I

would say first of all that the testing should be made by some teacher rather than by a physician. It is true much greater exactness could be obtained by a physician, particularly if he were an expert at this, but on the other hand, such a plan subjects the examinations to the criticism of officious interference, or to the suspicion that unnecessary prominence is given to the procedure, unless the examiner be a paid member of the health department, and for the ordinary cases this is unnecessary.

Then as to the method of examination, the simpler that it can be made the better. It should be so arranged as to demand of the teacher the least possible knowledge of eyes, be so rapid as to occupy the least possible time of teacher and pupil, and then, in cases where the vision is found to be so imperfect as to necessitate a notice to the parents, this notice should be given in such a manner as to cause as little anxiety as possible. Fortunately our state board of health, realising the necessity of these examinations for pupils in the public schools, has issued a list of instructions to teachers.

This is stated so simply and definitely by Dr. Peter Callan, of New York, a man long identified with ocular hygiene, that it would be unnecessary or confusing to suggest here any modifications. It tells the teacher how to place the pupil at the required distance of twenty feet from the Snellen test types, and then how to write the vision found in the usual fractional form, making distance the numerator and the number of the type the denominator. Having done this, the teacher records on a blank form, recommended also by the state board of health, the name of the pupil, his age, and the vision of each eye. Such a record of the vision, properly made at a certain time, may alone prove of great value to the pupil for future comparison, especially if there be later any tendency to failure of vision. If slight imperfections be discovered, the teacher will naturally take extra precautions as to the position of the child when studying, as to the amount and direction of light and the like. But if the vision is notably imperfect—if it fall below $\frac{20}{40}$ or $\frac{10}{20}$ of normal, then the teacher will prefer—as he should—to place the responsibility where it belongs by notifying the parent in writing of the child's defect. This is rather a delicate matter and should be done with tact and caution. Here again the state board of health has very properly furnished the formula for a printed blank, to be filled out by the teacher and sent to the parent. It reads as follows:

BLANK FORM B.

PUBLIC SCHOOL No.....

MR.....

The examination of your (son's) daughter's (ward's) eyes, as required by the State Board of Health, shows them to be defective and not up to the standard necessary for satisfactory performance of school work.

You should advise with your family physician as to the choice of an eye doctor, whom you are to consult in the matter.

Respectfully,

....Principal.

When parents receive such a printed notice, naturally they turn first to their family physician. If he finds the difficulty is one which he can correct, of course he does so. If not, he refers the patient to some one whom he considers competent. If, however, the circumstances of the parents make it necessary, the family physician refers the parents to some reputable institution where such cases can be seen free of cost. In any event, the child has the attention which he requires, and if the defect proves to be the result of granular lids or some other contagious disease, the examination will have proved an advantage not only to that pupil but to others also.

I have presented the foregoing facts in regard to these examinations of the eyes of children of the public schools partly because of their own importance and partly also because the time is ripe for some definite action to be taken in this direction. I have already conferred with the superintendent of education in regard to the subject, and he is quite in accord with such a movement. The novelty of it, however, to the public, and the fact that it involves even a trifling expense for printing of necessary blanks, tends to a delay which would be less if he were supported by strong medical opinion here. Also the advisability of having a special medical examiner of the schools has been advocated by our health commissioner, but supposed economy has prevented such an addition to the staff of his department. It is probable, however, that if his request were seconded by any considerable number of physicians, it would be granted by the boards of councilmen and aldermen.

As it is customary in addresses of this kind to summarise the facts presented, if possible, in the form of practical suggestions, I would therefore venture the following recommendations:

1. That the attention of the superintendents of education in Buffalo and the towns of this county be called to the advisability of

examining the eyes of pupils in the public schools as often as once a year, and that this be done by the teachers in the manner indicated by the state board of health.

2. That this society express to the Mayor, to the boards of councilmen and of aldermen our sense of the necessity of adding to the board of health another physician, who shall not engage in private practice, but who shall give his entire attention to the sanitary condition of the schools and to preserving the health and eye-sight of our seventy odd thousand pupils.

If these two recommendations could be adopted, it is certain that the next generation would suffer less and have better vision than the present one. That improvement in public health, like many others, small by itself, but great in the aggregate, would be only a part of the work inaugurated or guided to completion by this, our medical society of the county of Erie.

183 DELAWARE AVENUE.

REPORT OF TWO CASES OF HYSTERIA MAJOR ASSOCIATED WITH EPILEPSY.[1]

BY L. PIERCE CLARK, M. D., Sonyea, N. Y.,
First assistant physician at Craig Colony; Fellow of New York Academy of Medicine and New York Neurological Society, etc.

THE differential diagnosis of many allied diseases is very difficult, especially in the so-called functional neuroses. We all know this statement is particularly applicable to the differential diagnosis of an anomalous epilepsy from an anomalous hysteria. We frequently see at various times nearly if not quite all of the pathognomonic symptoms of hysteria tangled with the symptoms of epilepsy in such a manner that it is almost impossible to say that this or that symptom is hysterical or epileptic.

It is a well-known fact among epileptologists that isolated hysterical symptoms accompany epileptic fits, and still epilepsy in such cases never loses its dignity as a separate and distinct disease. It is not hystero-epilepsy. This latter disease is no longer classed with the epilepsies, but with hysteria, where it rightly belongs.

It is uncommon to find hysteria major associated with grand mal epilepsy in the same case and at the same time have the attacks of the one alternate with the other at fairly regular intervals, or to have one follow immediately after the other.

1. Read before the Medical Society of the County of Livingston, at its semi-annual meeting at Caledonia, N. Y.

But two cases of hysteria major associated with epilepsy have occurred at the Craig Colony in over 450 admissions. I therefore take great pleasure in presenting them for study.

CASE I.—C. D., male, aged 24, single, no occupation. Has had epilepsy since twelve years of age. The cause was attributed to an attack of scarlet fever, which occurred a few weeks before the first fit. In the family history we find the maternal relatives were all "very nervous" and his mother had sick headaches for years.

CLARKE.—CASE NO. I. C. D.

From fifteen to twenty-five years of age she had "fainting with crying and laughing spells" (hysteria). Patient is the youngest in a family of three. The other two children are girls who are very well and unusually bright and intelligent. The remainder of the patient's family and personal history is negative.

In March, 1896, patient was admitted to the Craig Colony for treatment. He was found to be very nervous in manner and easily disturbed without apparent cause. He was not capable of sustained attention and was quite noticeably effeminate in all his acts. He had never associated with other boys and because of his infirmity had been under very lax home discipline.

Physical examination: Heart showed mitral murmur and much left ventricular hypertrophy. He often complained of facial flushing and periodic attacks of headaches. The taché cerebralé was observed.

An irregular coarse tremor has always been present, having been much exaggerated when slightly excited. The occipito-frontalis and corrugator supercilli habitually overacted, which action became as marked as a habit spasm when excited. His speech was lisping and stammering; the voice was of a childish tone. A profuse bromic acne was found on face and chest. Tongue was tremulous and

bitten equally on both sides. (He had had a series of epileptic attacks three days before admission.) Deep reflexes were all exaggerated and foot clonus was obtainable to a slight extent on both sides. In the absence of other cord symptoms this was not looked upon as being essentially pathological. He weighed 130 lbs., and was 5 feet 6 inches in height. Stigmata: No occipital protuberance, narrow, high-arched palate; left parietal eminence was higher than right. Great excess of uric acid was said to exist in urine before admission, but repeated examinations after admission failed to find it.

Since admission, his attacks have all been hysterical paroxysms by day when awake (except one when he was in a dosing state) and those occurring at night, or when asleep by day, have been typical grand mal epileptic fits, differing in no essential particular from classic epilepsy.

I have personally seen many of his hysterical paroxysms by day. They generally occur in the following manner: After some emotional disturbance of anger or disappointment his face will flush and eyelids close with the well-known shutter-like action seen in hysterics. He then slides to the floor and remains in a rigid state for a few seconds, after which time he keeps his legs and arms in motion, kicking and striking any one who may be within reach. He also makes a great effort to bite and scratch any one touching him. He then rolls over three or four times and a series of convulsive tremors pass over entire body. He will almost always grasp any one's hand, if asked to do so, squeezing much or little as one commands him. Occasionally he opens the eyes wide enough to see that he takes good aim at any one. He rarely injures himself when in the attacks. If a nurse of whom he is fond is standing by him, the attack can be controled by talking to him in an authoritative manner. Although conscious enough to obey simple commands while in this condition, he rarely utters any words or makes any attempt at speech. Respiration is rapid and loud. No stertor, coma or tongue-biting occur in the day attacks. He has but little remembrance of his hysterical acts when he returns to his normal state. No period of depression follows such attacks. These day attacks are designated by his fellow patients as "nervous kicking spells." The contrast between the two kinds of seizures is very marked and has long been a subject of comment by the merest novice of a nurse witnessing both. Frequently patient has had globus hystericus before his day attacks. The paroxysm generally lasts about fifteen or twenty seconds. A rather interesting fact is that bromides have never had any influence over the hysterical paroxysms, but they have frequently postponed the epileptic fits for months.

Patient is gaining much in self-control with consequent improvement in his hysteria, but his epileptic attacks have not materially changed. I have not described them as they are classic tonic and clonic epilepsy. Photograph of Case No. I. is presented herewith.

CASE II.—A. G., female, aged 18, single, no occupation. Admitted to Craig Colony for treatment in May, 1898. Epilepsy began at three. An uncle had epilepsy; aside from that fact family and personal history is negative. No record of hysterical attacks before admission. Physical examination showed a good, well-nourished physique. Heart was irregular and intermittent; pulse-rate, 95; sensibility, normal. Slight paresis of right side remains. Reflexes exaggerated on right side. Weight, 126 lbs.; height, 5 feet, 5½ inches. Her mouth is unusually small and the face evidences a weak mentality. Cause of the epilepsy was attributed to cholera infantum. Aura, epigastric. The real cause of her epilepsy was an infantile cerebral palsy at three, leaving the right side paralytic for four months. Epileptic attacks occur both by night and day, about seven each month.

CLARK.—CASE NO. II. A. G.

Her epileptic attacks are as follows: An attack May 5, 1898; patient had epigastric aura; tonic spasm lasting thirty seconds; body very rigid; hands and feet extended in straight line and lips drawn firmly together. The pupils were dilated to the fullest extent. Violent general clonic spasms, followed tonic period, which lasted about one minute. The thumbs were flexed in palms and knees were widely abducted from the median line of body, and then flexed to the chin. Head was drawn back and to the right side. At the beginning of the clonic period the teeth were forcefully snapped together, biting the tongue severely. She frothed at the mouth and face was purple. She slept after the convulsion in a stertor stage for one half hour. She suffered no depression after. All of her epileptic fits are similar to these.

June 23d patient had a typical paroxysmal hysterical seizure. The eyes were closed and the body was rigid, assuming a strained statue attitude. No response was obtained. She recovered from

this paroxysm in a few minutes to pass into the hysterical state, in which condition she remained for eighteen hours. She assumed the passional attitudes described and illustrated so well by Richet. There were zones of anesthesia; pupils were responsive to light and face remained flushed. The fingers were rigid and flexed throughout. Suggestion that stomach-tube should be passed for feeding her, induced her to take food and terminated the hysterical state.

September 14th, following a similar paroxysm with its subsequent phenomena of cataleptic, passional posing, she had a bluish edematous rash over entire body (similar descriptions found in works on hysteria by Sydenham and Charcot). Such eruptions are not infrequent in hysteria, and have since been called the blue and white edema of Charcot and Sydenham. A few hours following this rash, trophic ulcers appeared spontaneously on right arm and right buttock. Neither position was subject to irritation or pressure. Photographs of this patient and her ulcers on buttock are herewith presented. No temperature or other constitutional disturbance appeared with the rash or the ulcers. On several occasions since September 14th she has had similar hysterical paroxysms, followed by erratic and passional posings. During such times she assumes to talk to God, and sings foolish, childish songs. The ulcers heal slowly.

CLARK.—CASE NO. II. SHOWING TROPHIC ULCERS.

In conclusion I would say that Case I. shows but little hysteria in the interparoxysmal state and is probably true hysteria major, alternating with epileptic fits. The patient has hysterical attacks by day and epileptic fits by night.

Case II. shows not only true epilepsy and hysterical paroxysms occurring occasionally, but also many of the interparoxysmal

phenomena of hysteria, such as cataleptic and erratic posings and a tropho-neurosis of the skin in characteristic rash and ulcers. Epilepsy and hysteria also exist separately in this case.

Gowers has described a case very similar to this one. His case also was in an infantile hemiplegic, with but slight evidences of paralysis.

TYPHOID FEVER.[1]

By WALTER D. GREENE, M. D., Buffalo, N. Y.,
Deputy commissioner of health; clinical professor of genito-urinary diseases, Medical Department, University of Buffalo.

TYPHOID FEVER has been known and, in a way, has been studied for two centuries, but until the last twenty-five years, the cause had not been known. The last quarter of a century has been a period of great advancement along the lines of medical and surgical research, and the investigations into the causes of typhoid fever have been thorough and satisfactory. That it is largely disseminated through the agency of water is beyond question and is not contradicted.

When outbreaks of plague or cholera appear, with the loss of many lives, our attention is immediately fixed and our efforts directed to at once obliterate the disease as far as possible, but the mortality from typhoid fever is not generally noticed because it is always with us, not materially differing from year to year, and although causing many deaths, it is not viewed with as much alarm as would the same number of deaths occurring periodically.

Eberth discovered the bacillus of typhoid fever in 1880. Since that time it has been studied so thoroughly that its life history is well known. It finds abundant conditions in nature for its development, and is found in water, air, soiled clothing, dust, sewage and milk which has been contaminated with human intestinal discharges. It will grow readily at ordinary temperatures, but is killed by high temperatures. Another important fact is that the bacilli will retain their vitality for months when buried in the upper layers of soil. Cold does not materially affect them. Prof. Prudden kept them frozen in a block of ice for 103 days and yet when thawed he made colonies from them. They have been kept alive upon linen for two months and on buckskin and leather even longer. A two per cent. solution of carbolic acid will not kill them. They have been found in urine, blood and bowel discharges from typhoid fever patients. It is some-

1. Read before the Medical Union, April 17, 1898.

what uncertain how long after escape from the bowels the bacillus can be obtained, from the fact, that there are certain bacteria in normal fecal discharges which are inimical to the life of this special germ.

Therefore, an examination of sewage as it emerges from a hospital where there are numerous typhoid fever patients would reveal the presence of the bacilli at that point, yet a half mile away an examination might give negative results. The life range of the organism being so great and the use of water to the human economy so essential, it can be easily understood how readily water can be a carrier of the germ. In fact, the death-rate from typhoid fever for any given city can be taken as an index of the purity of its water supply. It must not be supposed that any given water or even sewage is teeming with pathogenic bacteria. They are found only in very small numbers as compared with other and harmless forms, and large quantities may be taken from pipes or reservoirs free from harmful bacteria, while just the cupful we take at a certain time may contain the pathogenic bacteria.

Another source of typhoid fever I believe to be connected with ground water and ground air, although this has been denied by many observers. There is a certain line or point in the ground where complete saturation is constant. Above this the earth may be dry, moist or saturated—these different conditions being controlled by the rainfall. In portions of the soil which are not well drained, the point of saturation would necessarily be near the surface. Now, suppose a case of typhoid fever occurred in an area similar to the one described and through ignorance or carelessness the discharge was thrown on the ground. If this occurred in the winter or spring, the special germ would lie practically dormant until the warm weather came on with a receding of the point of saturation in the ground—the place occupied by the water, being taken by air. Thus the conditions for the life and growth of the typhoid fever germ would be fulfilled—moisture, absence of sunlight, warmth. The special bacillus thrown upon the ground weeks before, thrives and multiplies under these favorable conditions. Now, when the autumn comes with its heavy rains, the point of saturation rises, the ground air loaded with bacteria is driven out and it is fair to suppose that some of the typhoid bacilli, assuming them to be present, would in a dessicated or semi-dessicated condition come in contact with food or water used by the people in the immediate vicinity. Should this theory prove to be correct, it would help to explain the cases occurring in low, badly-drained districts, where pure water is used.

Supposing that typhoid fever comes largely from the use of contaminated water, how can it be obviated ?

The processes which tend to remove the contamination are oxidation, heat, sedimentation, nitrification and filtration. Of these, nitrification and oxidation are of little value. Sedimentation in quiet waters is of service as a large amount of solid matter sinks to the bottom in turbid waters, carrying with it numerous water organisms, but in rapidly moving streams little is accomplished. Heating water to boiling point will kill all bacteria contained in it, but it renders the water unpalatable by driving off the oxygen and carbonic acid gas and precipitating the salts of lime. Distillation will purify water as also will electrolysis. In summer, in exposed waters, the number of bacteria is much less than in winter. This is due to the sun's rays, which are very destructive to the water organisms and reduce their numbers very materially.

Buchner found that typhoid bacilli exposed on plates eight feet under water during bright sunshine were killed after four and one-half hours.

Filters for domestic use are generally useless or worse than useless, as many of them only arrest the larger particles, while the number of bacteria is added to by development in the filter. The Pasteur filter is one of the best, and all of the efficient filters are but modifications of it. It consists of a tube of unglazed porcelain, about one foot in length and an inch and a quarter in diameter, with walls one-eighth of an inch in thickness ; one end is closed and the other opened for the passage of filtered water. This tube is placed upright in an enclosed metal case, into which the water from the main is allowed to enter. The normal pressure from the main will force the water through this one-eighth inch porcelain at the rate of about three gallons per hour. It is claimed, and the claim has been substantiated in several experiments, that this mode of filtration will remove about 96 to 98 per cent. of all bacteria. Other filters, although constructed on the same plan, filter through stone which, when clogged, can be removed, washed and put into an oven and heated to such a degree that all organisms are killed.

The porcelain tube in the Pasteur filter, is liable to be cracked by this procedure, and Dr. Thomas B. Carpenter, assistant bacteriologist of the health department, recommends that the tube be soaked in a 5 per cent. solution of calcic permanganate for half an hour, and then followed by soaking in a sodic sulphite solution.

That municipal filtration is the only safe remedy for polluted

waters is fast becoming an accepted fact. There are two modes of filtration on a large scale. The one in use the longest is called the English filtering system, and it has been in use in England for many years, London having used it since 1839. It consists of a basin or several of them, covering about an acre each. Suitable drains for conveying away the filtered water are placed at the bottom, and these covered, first with coarse gravel and gradually becoming finer as the top is reached, which is covered with a coating of fine sand, about one and one-half feet in thickness; the whole bed of gravel and sand having a depth of about six feet. The water to be filtered is conducted into a large reservoir, where it is allowed to stand for from sixteen to twenty hours for sedimentation to take place, after which the upper half is allowed to run onto the filter bed. When first put into operation very little improvement is noticed in the quality of the filtered water. After several days the quality improves and not only does the water have an ocular appearance of purity, but examination reveals the fact that from ninety-six to ninety-nine per cent. of the bacteria has disappeared. Now, if this bed of the filtering basin be examined, it will be found that the upper layer of fine sand has arrested the larger particles found in the water and also that every grain of sand is covered with a living organic slime which is the principal cause of the efficiency of the filter.

This slime is composed of organisms of bacterial origin almost wholly. When, after some weeks, the filter becomes clogged with accumulations, and will not allow the water to run through fast enough to give the required amount of water, although what does pass through is nearly free from microörganisms, it is then necessary to draw off the water and scrape the superficial layer of fine sand to the depth of about three inches, when the filter is again ready for use. This upper layer of fine sand would consequently have to be renewed when the thickness was reduced to five or six inches. As I have said, this slime is composed of bacteria very largely. They are called the nitrifying organisms and many of them are identical with those which live in soil and decompose the organic matter in water. They are called nitrifying, because in breaking up the organic matter, they cause the nitrogen to unite with the oxygen in the water, forming harmless nitrates. If the above is true and this organic slime is the true arrester of the pathogenic and other bacteria, it would follow that if the bed was disturbed so that the slime was removed there would be danger of infection.

This has been found to be the cause in Hamburg and Berlin

where the bed had been disturbed by the removal of ice in winter, and mild epidemics of typhoid fever ensued—large quantities of bacteria being found in the water coming from the filters. In climates where the temperature is low during certain months of the year it has been found necessary to cover the basins, which precludes the danger of freezing and also in great part prevents the growth, during the hot months, of algæ in the basins, which give to certain waters a very unpleasant taste.

The cost of covered filters in Europe has been estimated at about $75,000 per acre, which ought to give about 2,500,000 gallons of pure water every twenty-four hours.

The second method is called the American or mechanical plan of filtration. By this mode, filtration is about ten times as fast as in the English and is dependent upon the formation of an inorganic slime upon the small grains of sand instead of an organic. This is formed by adding to the water, as it goes into the filter, from two-thirds to one grain of alum per gallon. This is decomposed by the lime in the water forming an aluminum hydrate, which settles on the sand at the bottom of the filtering basin. Many experiments have been made tending to show that under proper conditions the results are as good as in the English system. The advantage claimed for this system are that it is cheaper in construction and does not require as much space. The filters are cleaned by reversing the flow of water until the flow is clear. The estimated cost of this plan is about 10 per cent. less than the English, but it costs more to operate it. I thus give a very cursory description of the method of filtration adapted to large cities, and now a word as to their efficiency.

Hudson, N. Y., takes her water from the Hudson, into which, above the intake, the sewage of 409,000 people is emptied. She has used sand filtration for twenty years and her annual average death-rate from typhoid fever for nine succeeding years was 22 per 100,000 population.

Lawrence, Mass., is situated on the Merrimac river, from which it takes its water supply. There are fifteen cities and towns situated on the river above the intake with a total population something over 250,000. The sewage from these towns empties into the river. The average annual death-rate from typhoid fever in Lawrence, per 100,000 population, for the six years preceding the establishing of a sand filter, in 1893, was 111. January 1, 1894, the water was being regularly filtered and the death-rate that year from typhoid fever, per

100,000, 40.7. for 1895, 30.1, and 1896, 10.9, showing a steady decrease from year to year.

I have not the death-rate for 1897 at hand. Certain of these deaths occurring after the filtering plant was in operation were caused by some of the employees in the mills drinking unfiltered water from the river. These are two instances out of many that show how human life can be saved by proper means.

Now as to Buffalo. The average annual death-rate from typhoid fever in our city, per 100,000 population, was 60 in 1894; 32 in 1895; 19½ in 1896; 22 in 1897, and for the three months this year, January, February and March, something over 31. That is not a bad showing as compared with other cities using raw water, and yet with the increase of population and the increased liability of water contamination, the rate is liable to grow unless the water is properly filtered.

The health department is taking all the precautions known to sanitary science to keep down the death-rate, but there are factors to contend with that cannot be controlled by municipal authority.

In September, 1895, there occurred 115 cases of typhoid fever in Buffalo as against 51 and 24 in the corresponding months of 1896 and 1897, an increase of over 100 per cent. in one case and nearly 500 in the other. The undoubted cause was an outbreak of typhoid fever along the banks of Grand river in Canada, which empties into Lake Erie, about forty miles above Buffalo. This was at its height in August and the conditions were favorable for the typhoid bacillus to float down the lake and river and to be taken into our water pipes. Not since 1894 have there been so many cases of typhoid reported in March as occurred last month—fifty cases, with eleven deaths. March, 1895, there were reported four cases of typhoid; in March, 1896, 20; March, 1897, 9, and March, 1898, 50.

This, I believe, to have been due to the thaws and freshets in February, when Buffalo river overflowed its banks, bringing all sorts of débris down from the country, spreading over large areas of manured land, and running far out into the harbor—far enough for some of it to be taken up at the inlet pier and pumped into our houses.

Filtering plants cost money and need strict attention, and to be efficient the water should be bacteriologically examined daily, but the value of human life cannot be computed by dollars and cents. A proper filtering plant established in Buffalo would result in the saving of from 50 to 100 lives annually from typhoid fever alone.

385 Jersey Street.

HEMIANOPSIA.[1]

By F. W. HIGGINS, M. D., Cortland, N. Y.

I HAVE recently been quite interested in a case of hemianopsia, which developed under my observation, and should like to bring to your notice some features of the subject which seem to me of importance.

As general practitioners, we are too apt to relegate any symptom connected with vision to the eye men, or to ignore it altogether. Max Knies has written a very valuable little book on the relationship of the eye and its diseases to the general diseases of the body. The case which I shall attempt to detail is one of that class which cannot be neglected by the man in general practice any more than by the pure specialist. But it seems to me of more practical importance to the former class. He who treats the eye alone will rarely have an opportunity to discover such cases. If they are not recognised by the attending physician they may easily be overlooked altogether. The treatment is clearly within the field of internal medicine.

CASE I.—Widow, aged sixty. Thirteen months before the present attack she developed left-sided hemiplegia, from which the leg has partially recovered, but the arm remains useless. I have frequently seen her since that time, and was sent for August 30, 1898. She was sitting in her chair as usual, complained of some ill-defined feelings of depression, but I obtained no definite symptom until she mentioned that there was a confusion in vision. Further quizzing developed the fact that objects at her left looked blurred. Then I found that if she fixed her attention with her right eye upon my face, any movement of my right hand looked foggy and indistinct. At this time the left eye was only slightly affected. With this she could see my left hand distinctly. Her daughter had remarked for two days that she had not cared to read and was not quite so well. She could see better with right eye covered. Four days later the left field was quite obliterated in the right eye, and limited to hand movements in the left.

Testing her vision with a newspaper developed a peculiar state of affairs. She could read the words on the ends of the lines in a column, but not the first half, so that she could make no sense of an article. In the larger type of the advertisements she could see the last letter of a word, but not the first. Looking at the word PALMER in large capitals she could see the letters E R only with the right eye, and M E R with the left.

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

It is rather difficult for me to understand why her eye could not be directed a little further to the left, so that in some manner the first half of the word could be caught, but she was certainly unable to do so. In the central scotomata of choroiditis the patient learns to get along very well by slightly altering the visual axis and so manages to see the whole of an object. It seems to me possible that a young person with hemianopsia would acquire the same trick and so apparently increase the field of vision.

The accurate mapping out of the visual field by a perimeter was first done September 15th, sixteen or eighteen days after the lesion occurred. I was surprised to find so regular a hemianopsia in a case which was discovered almost by accident. Noyes, Starr and others have warned us that many cases of half blindness are overlooked by

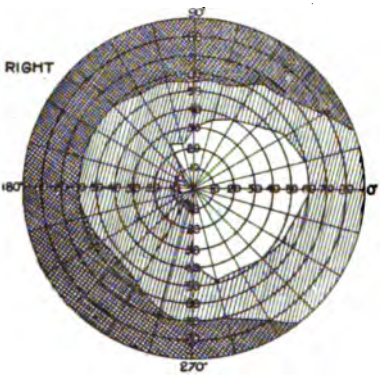


Fig. 1.

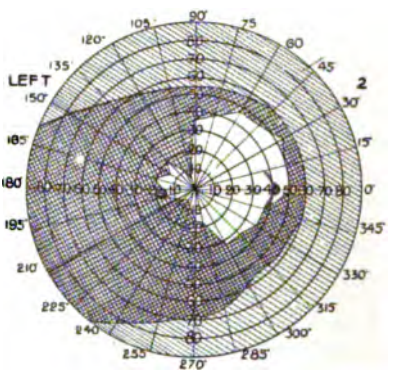


Fig. 2.

physician and patient. My experience with this case shows me how easily this might occur. Even intelligent patients are apt to complain only of a confusion in vision, or at most that the distance is worse on one side, which they explain by the eye on that side being most affected. At the time these fields were taken (Figs. 1 and 2) she could not distinguish strong light reflected upon the temporal half of the right retina, but could upon the nasal half of the left. The left half of the field in the right eye was an absolute blank, but in the left eye it seemed to her as if a thick fog covered everything and she could only distinguish light from darkness. Since that time there has been a gradual improvement.

The fields taken October 7th (Figures 3 and 4) show decided enlargement of the fields to the left, although the limitation of the left field is still plain. Wilbrand claims that six weeks must elapse

before the fields of vision can be utilised in localisation, since before that time distant lesions will reflect their influence.

We have here clear evidence of a cerebral lesion, causing hemianopsia. It began about August 28th, was marked in the right eye August 30th and complete September 3d. On September 9th she could distinguish light again, and, since, there was a gradual improvement until she could distinguish movements. The left eye went through the same stages, but the blindness was not so complete. On September 28th she could read a whole line of ordinary type with the left eye, and a coarse line slowly and with difficulty with the right. There is now no blur in the left eye, but the right confuses her and she can see better with it closed. She is now able to read a newspaper again slowly, and I expect she will not realise the

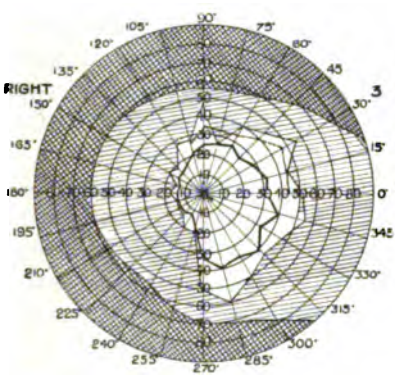


Fig. 3.

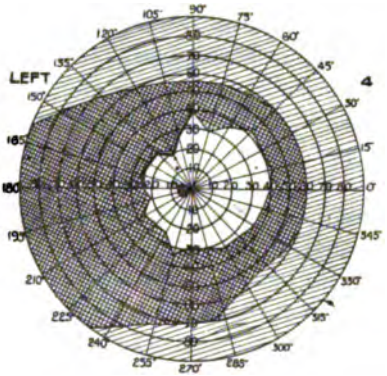


Fig. 4.

hemianopsia, although the left fields of vision, if tested, will remain somewhat narrowed. It is fortunate for her that the paretic field is on the left side. Noyes remarks that loss of the right field is most troublesome, as the eye cannot then anticipate the coming words.

The parallel to the attack of hemiplegia is close. This required about one week to reach its climax, and since, there has been a gradual improvement, but not a complete recovery. Much of the time the scotomata have been positive—a point favorable in prognosis.

It is interesting to attempt to locate the lesion which occurred. We should know in what part of the brain the focus lies for prognosis, for treatment, and it might be for surgical intervention.

So late as 1884, so good an authority as Starr, at the close of a most interesting article on the subject, stated that hemiopia as a symptom had no localising value. The mass of observation, includ-

ing his own, since that date has so extended our knowledge that he would hardly make this statement today. It may be that aphasia and motor paralyses can give us more definite indications, but much satisfaction is possible in the study of a case of hemianopsia. It is even possible that surgical exploration would be warranted on the date obtainable.

The attempt at localisation in our case would result about as follows. Since both eyes are affected we must evidently look behind the chiasm. Yet left homonomous hemianopsia may occur from a lesion in the left optic tract, thalmus opticus, geniculate bodies, internal capsule, the radiating fibers of Gratiolet, or the gray matter of some portion of the occipital region.

One cardinal sign at once eliminated the anterior half of this long course of the visual fibers. This was the retention of the pupil reflex when light was thrown on the blind half of the retina. Wernicke's symptom, or the loss of pupil reflex from the blind side, would show the lesion to be in, or in front of, the primary optic centers. In my case the reflex arc was not disturbed, so the lesion must be beyond the geniculate bodies.

If it were in the internal capsule, other symptoms, sensory and motor, would surely be present. We are shut up to the occipital region. "Hemianopsia occurring alone points to lesion of the cuneus." Hence we have to determine only between the cortex and the sub-cortical white matter, *i. e.*, the radiating fibers. There are at least three reasons for thinking that in this case it is the cortex which is affected. Two may be inferred from categorical statements by DeSchweinitz (System of Nervous Diseases, Dercum., p. 772.) "If the hemianopsia is *relative* the lesion must be in the cortex. Elsewhere it produces *absolute* hemianopia. However, cortical lesions are not excluded by absolute hemianopsia." My case, it will be remembered, was at one time relative in one eye, absolute in the other. "Contraction of the preserved half field is most common with lesions of the cortex, but it may also occur with lesions of the tract." The fields in my case were manifestly contracted.

The third reason is a statement of my patient that on the first day of the attack, for a few hours, she saw "crawly things" on what afterward became the blind side. This must have been due to irritation of the visual center. L. Putzel (*Medical Record*, June 2, 1898,) saw a case of long continued hallucinations on the blind side and found the lesion cortical. It appears that hallucinations can arise only from irritation of the gray matter. Thus, so far as these

symptoms can be trusted, they would indicate that this lesion was cortical instead of subcortical.

There was no hesitancy in recognising the name or the use of an object that could be seen, so the region of the angular gyrus probably escaped. It seems fairly well settled that physical blindness resides near where Ferrier first located the center for vision. There was no want of balance, no dizziness, no aphasia, in fact no other symptom than the hemianopsia, save a slight malaise; so that the lesion is probably a small one and limited to the gray matter near the right cuneus.

It will be noticed that the boundary line of the hemianopic field is not a straight line, passing through the point of fixation. This classical condition is rarely found. Often the blindness falls a few degrees short of the meridian of the fovea; it never oversteps it. The dividing line is not always straight or perpendicular. Any variation may occur, owing, as Wilbrand contends, to individual variations in the distribution of the nerve.

Then the marked prominence out into the blind field that serves to retain vision at the macula is noticeable. This is found in most cases. It is supposed that the macula is supplied from both hemispheres. It even retains vision in double hemianopsia. There is a theory that the fibers coming from the macula have a special distinct destination in the occipital gray matter, but no one has yet been fortunate enough to determine its exact location. It is believed that the field of vision is a mosaic, and that every part of the retina has a corresponding part of gray matter as a center. But Hun's case, published in 1887, so far as I know, remains unique in the finer localisation within the cuneus. He found that the lower part of the left field of vision was attended with atrophy of the lower part of the left cuneus.

Color sense is sometimes disturbed in a different way than the field for white. Color blindness has been produced by central lesions. The field for red in this case runs parallel to that for white.

We have all noticed the effort attending a motion in cases of paresis of central origin. Exhaustion soon follows any exertion, even when there is ability to perform the action. The same thing was very manifest in the expressions of my case of supposed occipital lesion. The retinal tire is also shown by the inside line in Figs. 2 and 3. The retina was becoming exhausted by the time the second est was made, so narrowing the field about ten degrees. In Fig.

4 the second line almost coincides with the first, showing improvement in the case.

One interesting feature is that vision was much poorer in the right eye than in the left. In the left the blind side was never so absolutely blind, and in the seeing field she could read finer type. She could see better with the right covered than with both together. Now the vision in the right eye is 6/30 minus, in the left, 6/12 plus and minus.

The reason for this difference becomes clear by dipping a little into comparative anatomy. In birds the optic tracts at the chiasm cross entirely, so that the whole right eye is connected with the left brain. As we rise in the scale of animal life, the eyes come more and more to the front, so binocular vision is to some extent possible. Parallel to this a larger and larger bundle of the optic tract supplies the outer half of the retina of the eye on its own side. But even in man, in whom we consider the axes of vision to be parallel, a trace of his development remains in the crossed bundle being larger than the uncrossed in the proportion of three to two. So in occipital lesions, if the destruction is not complete, we find the greater disturbance in the eye on the opposite side.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Women Physicians—History of Homeopathy—Medical Officers of the Civil War—Individual Members of the Profession.

[*Continued from the January edition.*]

History of Homeopathic Medicine.—*Continued.*[1]

THE Buffalo Homeopathic Hospital was organised June 14, 1872, and is located at 74 Cottage street, corner Maryland. We are unable to give the names of the first medical staff, but the board of trustees for the first year was made up as follows: Jerome Pierce, Charles C. McDonald, Benj. H. Austin, Sr., Loran L. Lewis, James Brayley, Francis H. Root, Jerome F. Fargo, John B. Griffin, Samuel V. Parsons, Mrs. C. C. Warner, Mrs. M. A. Kenyon, Mrs. Hannah Fargo, Mrs. Anna Poole Hoxsie, Mrs. Hattie E. Gregg,

1. This section was kindly furnished by Dr. F. Park Lewis.

Mrs. Charlotte E. Lewis. The capacity of the hospital is about sixty patients.

For a few years a rented building on Washington street was used, and then the site of the present hospital property was purchased and the building upon it remodeled for hospital purposes. Later an annex was added and an entire staff appointed, surgeons and other specialists having by this time found their way into the newer practice.

The present officers of the hospital are as follows:

Board of Trustees—President, George V. Forman; vice-president, M. H. Gratwick; secretary, Wm. Y. Warren; treasurer, Henry W. Burt; F. C. M. Lautz, Charles F. Dunbar, Henry W. Burt, John H. Meech, W. H. Gratwick, Jewett M. Richmond, George V. Forman, A. D. Gail, W. B. Miller.

Training School for Nurses—President, Dr. George R. Stearns; secretary, Mrs. Seth W. Warren; chairman, Mrs. David Sherrill.

President Board of Associate Managers, Mrs. C. J. North; superintendent of hospital, Mrs. Elizabeth Brainard; superintendent of nurses, Miss Josephine Snetsinger.

The present staff is constituted as follows:

Medical and surgical staff—President, Joseph T. Cook; first vice-president, Truman J. Martin; secretary, George T. Moseley. Consulting physicians—A. R. Wright, A. T. Bull, H. A. Foster, H. Baethig, A. M. Curtiss, John Miller, D. B. Stumpf. Attending physicians—E. P. Hussey, B. J. Maycock, E. A. Fisher, J. T. Cook, T. G. Martin, C. S. Albertson. Attending surgeons—general—H. C. Frost, D. G. Wilcox, G. T. Moseley; ophthalmic—F. Park Lewis; obstetricians, J. S. Halbert, G. R. Stearns; pathologist, A. W. Dods, Pharmacist, P. A. McCrea. Assisting physicians, A. B. Eadie, C. L. Mosher, W. D. Young. Assisting surgeons, M. F. Linquist, M. Manges, W. H. Marcy, H. L. Towner; ophthalmologists, W. A. M. Hadley, F. D. Lewis; obstetricians, Jessie Shepard, Rose Wilder; laryngologist, ————————. House staff—House physician, John G. Chadwick; house surgeon, C. E. Seaman.

A most important public work was undertaken in Erie county when the Collins Farm Hospital for the treatment of the insane was established by legislative enactment during the session of 1894. This is the second institution of this character under homeopathic management in the state. Extensive plans have been prepared for the buildings to be erected and $100,000 was appropriated during the last session of the legislature for this purpose. The first board

of trustees consisted of William Tod Helmuth, M. D., New York city; Asa S. Couch, M. D., Fredonia; F. J. Blackman, Esq., Gowanda; Dr. Helmuth being elected president of the board.

In 1890, Dr. Dewitt G. Wilcox established a private hospital on the corner of Lexington and Elmwood avenues, which was known as the Wilcox Private Hospital. Subsequently a number of other physicians became interested in it, and it was incorporated as the Lexington Heights Hospital. It is largely devoted to surgical work, and is admirably equipped for this purpose.

The selection of a site for this institution, in a district which but for a few years previous had been stubble fields and open country, is not barren of suggestiveness. The growth of the young city in its physical geography was typical of a growth in other directions. There had gradually come into its mental atmosphere a new spirit. Men were not less earnest, less honest in their individual beliefs, or less tenacious of what they held to be truth, than heretofore. But a tolerance quite unknown to the previous generation began to be felt, a new respect for the opinions of others obtained among the best men of the two schools of practice.

This was the outgrowth, the natural consequence, of a wave of scientific thought which swept over the country, relieving the tension of puritanism in religion, modifying the conservatism of art—which had as yet no initiative life in America—loosening the bonds of tradition in literature, opening all that wide field of varied and beautiful writing which we now own proudly as distinctly American, and broadening and vivifying thought in every direction. It would be hard to say who laid the first spark to the brush heap of conventionalism. Many brave souls have tried to kindle it, but an enormous flaming torch was flashed from the old world to this when Charles Darwin sent across the water his doctrine of evolution. The effect of that first illuminating thought has not yet ceased—will never cease.

People began to realise that beliefs were never too old or too firmly set to be assailed. To some the whole fabric of life seemed menaced and covered with confusion. There may still be those who feel that the introduction of this revolutionary, investigative, scientific period into our history was an unmitigated evil. But its results were by no means merely iconoclastic. It opened men's minds clearly to a fact, too often forgotten, that truth cannot be carried in one small box.

That no one man or set of men ever had, or ever will have, all of truth, to the exclusion of all other men equally earnest in their search

for the same truth, seems too axiomatic to need propounding. As a general statement it is accepted. Yet it has been the failure to realise this, in special instances, that has made possible the intolerant, aggressive spirit which, in one form or another, has been at the foundation of more than half of the wars and rebellions, insurrections and revolutions that this world has tragically witnessed.

It has been worth the price, then, of the mental suffering, doubt and even agnosticism, which a great upheaval like that following the introduction of such theories as that of evolution necessarily leaves, at least temporarily, in its train, to secure for the entire country a mental atmosphere less personal, more liberal, less dogmatic, more temperate, less concerned with individual feeling, more considerate of the aims and views of others, than that which formerly existed.

It may not be that Darwin's theory was itself responsible for these results, but it and the scientific thought of the time, following the lines laid down by Darwin, Huxley and others, called in question many long-established beliefs, clung to as fundamental by a large proportion of thinking people, and devotedly held, even to the point of martyrdom in days not so long in the past. This compelled people to think, and to think deeply; to think beneath and beyond preconceived opinion, to think in opposition to desire, in the face of despair; until, as in all such deep experience, out of this wrestling after truth came a sympathy and a consideration for others never before felt.

This, indeed, was recognised in all departments of life. Into art and literature, as well as into religious thought, it brought a spirit free, a temper reverent, and a method scientific. It was not to be wondered at, then, that the new school of medicine, which in its beginning had been hot-headed and radical, and the old school, which had been conservative and intolerant, should have renounced to a very large degree their bitterness and ill-feeling, and should be able to work together upon any occasion calling for their coöperation in the common duties of citizenship.

Such an occasion came in the spring of 1893, when the integrity of the city charter was threatened by political intrigues. This charter, which had been granted to the city by the state legislature, provided among other things a measure of local self-government, against which a political combination was directing its efforts. The citizens rose in revolt. The members of both county societies were called together in joint session to protest against the proposed legislation. Dr. P. W. Van Peyma was called to the chair, Dr. A. R.

Wright was made vice-president; Drs. Irving M. Snow and B. J. Maycock were chosen secretaries. Speeches were made by members of both societies and a committee of five, consisting of members from both county organisations, drew up resolutions upholding the city charter, and condemning any legislative action that would nullify it. Another joint committee was appointed by the chair to take any further action that might be deemed necessary in connection with other societies or clubs, the whole city being moved by the instinct of self-protection to protest against interference with its vested rights. The meeting then adjourned, this being the first meeting where physicians assembled upon a common platform without regard to school, since the separation which had occurred more than forty years before.

In the fall of 1893 another noteworthy event occurred. The infirmary department of the county almshouse had grown to very great proportions. A movement was successfully carried to take it out of the hands of a paid physician, and to place it under the charge of a large staff chosen from the leading physicians of the city. Upon this staff representatives of both methods of practice found place, and at the annual election, in evidence of the larger liberality and more generous feeling existing in the profession, the staff officers were chosen from both schools.

And thus, at the end of the century, the two schools of medicine, each of which has gone on increasing in strength and in power, although differing in some fundamental points of practice, toil side by side, working for a common cause. It may possibly happen that the future may so add to the science of the present, may so increase our knowledge of fundamental truth, that each may with full conviction and conscious dignity join fully with the other, in method as in hand, in the beneficent mission of the healing of the people. To-day we have at least reached the point of wishing each other "God speed."

(*Continued next month.*)

ACETYLENE GAS-LIGHT FOR EXAMINATION OF THE EYES.

APPENZELLER, of Rertlingen (*Centralbl. f. Prak. Augenheilkd.*, May, 1898), has a special apparatus with a 50-candle power burner which gives an absolute quiet, white light, particularly well adapted for ophthalmoscopic purposes. He considers his apparatus absolutely free from danger, and has used it many times a day with the greatest satisfaction. —*Canadian Practitioner and Review.*

Society Proceedings.

THE SANATORY CLUB OF BUFFALO.

REPORTED BY THOMAS B. CARPENTER, M. D., Secretary.

Regular Meeting, December 14, 1898.

THE meeting was called to order in the lecture room of the Buffalo Law School at 8.30 p. m., by the President, Dr. HENRY R. HOPKINS, lecturer on hygiene at the University of Buffalo, who introduced the topic of the evening with the following remarks:

It was the feeling of the topic committee in preparing this program that a double purpose should be served, not an unimportant part—though perhaps a secondary one—being to create an interest in the country at large in this very important subdivision of the subject of military hygiene. To the end that the matter might receive perhaps a little attention, a circular letter was issued by the committee and sent to the heads of the army, to various representative men and to the governors of states. As a result, a number of letters have been received, some of them of so much interest that I shall ask the secretary to read those which bear directly upon the general purpose of our meeting this evening.

The secretary then read letters of sympathy and approval from the State Board of Health of Michigan, Surgeon-General Sternberg of the Army, Brigadier-General Merriam, of California, Major-General Wm. Montrose Graham, Commanding Second Army Corps, from the Chief Signal Officer of the Army, from the Governor of Indiana and others.

HYGIENIC CAMPS.

THE PRESIDENT—In what the chair has to say regarding the main purpose of our presence here this evening, *i. e.*, a discussion of the requisites of hygienic camps, he wishes to be exceedingly brief because we have a long program, and there is no necessity for being otherwise than concise.

It is the common knowledge of all informed men, that from the earliest times the fatality attending camp life is far in excess of that attending the march or line of battle. There has been no exception to this experience. If it were not that there has come into the minds of sanitarians within the last thirty years, something which is entirely new so far as sanitary science is concerned, there might possibly be criticism as to the expediency of discussing this question at this time, but within the last thirty years, since the Civil war, discoveries have been made as to the nature of the communicable diseases,

discoveries which are of such an important character that the subject of the communication of these diseases needs to be restated and discussed anew, in so far as their prevention in camp is concerned. For this reason, prior to thirty years ago we had opinions as to how diphtheria was communicated, and in regard to the spread of dysentery, but we had nothing but opinions and our practice was of the vague and uncertain character which always attends action when that action is guided simply by opinion. But the labors of the microscopist and bacteriologist have replaced these opinions with more solid scientific material which produces in the mind *conviction* a very different affair. We now know positively how typhoid fever is communicated; we know accurately how diphtheria is communicated, and for that reason it is proper that we should get together and discuss the question of hygienic camps.

Permit me a single moment as to the trend such discussion should take. It has seemed to the topic committee, and with that opinion I concur, that the time is past when the philosophy of the hygienic camp should be discussed and we do not propose spending time to discuss it. The time has come, in the opinion of your topic committee, when we should concentrate our efforts upon a discussion of the means of demonstrated value in civil life, which may be put into operation in military life to produce those conditions of health for which they have proved adequate over and over again in civil life. We are not to discuss philosophy, nor expediency, nor desirability; we have moved on beyond that, and have come together to discuss what approved appliances of civil life may be adapted to camp life, to the end that the same beneficial results, the prevention of disease, will prevail in the camp that have been known to follow under civil conditions, the manner by which our camps may have the simple but priceless advantage of clean soil, pure water, fresh air and therefore possibly be hygienic camps.

A single thought more, to which I will not commit the topic committee, but assume the entire responsibility myself—that is, that the disregard, which seems to appear in time of war, of the lives of the common soldier, has within it something of heathenism; that in America, where the common soldier is known to be a member of the nobility, where the muleteer and company cook are of the royal family of sovereigns, rulers of the land, it is exceedingly important, nay, imperative, that this sovereign of the people be protected in every phase of his life, particularly that life which he freely offers for the defense of the common country. Therefore, the sanitarian feels

impelled, inasmuch as these lives are so important, to declare what may be done for their preservation, particularly as they are exposed in the camp of mobilisation or instruction.

The first paper is entitled, The camp of instruction, and will be presented by Lieutenant Harris, 13th Regiment, U. S. I. It is fortunate for us that he comes to the discussion of this matter fresh from our campaign of Santiago, and his knowledge is intimate and minute in regard to the matters of which he will speak.

Lieut. Peter C. Harris, Quartermaster 13th U. S. Infantry, then read a paper entitled, The camp of instruction. (See page 462.)

Major C. E. P. Babcock, 65th Regiment, N. Y. Vols., next read a paper on Camp sewers.

Mr. L. H. Knapp, C. E., Assistant Superintendent of the Buffalo Bureau of Water Supply, then presented the subject of Camp water supply.

Dr. Edward Clark made an appropriate presentation of the subject of Disposal of garbage and sewage.

Mr. H. C. Gardiner presented the question of Camp walks and streets.

Dr. M. A. Veeder, of Lyons, read the final paper of the evening, which was entitled, Relative importance of flies and water-supply in spreading disease.

These papers were then discussed by Captain ———— Norton, 65th N. Y. Vols.; Dr. W. D. Greene, Deputy Commissioner of Health; Major Eugene A. Smith, 65th N. Y. Vols.; Major A. H. Briggs, Surgeon 65th Regiment, N. Y. Vols.; Dr. William Warren Potter, Brevet Lieutenant Colonel, U. S. Vols.; Dr. A. L. Benedict and Mr. Dean Wilson, of the Health Department of Buffalo.

These papers and the discussions will be published in the BUFFALO MEDICAL JOURNAL. A vote of thanks was tendered by the club to those who had participated in the interesting exercises of the evening, whereupon, at 11.15 p.m., the club adjourned.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

REPORTED BY F. C. GRAM, M. D., Secretary.

THE Medical Society of the County of Erie held its annual meeting, January 10, 1899, in the parlors of the Buffalo Academy of Medicine. The President, Dr. LUCIEN HOWE, called the meeting to order at 10.15 a. m., and the secretary read the

minutes of the semi-annual and of the two special meetings, which were approved as read.

Dr. WILLLIAM WARREN POTTER, chairman of the committee on membership, reported favorably upon the following-named applicants: John Hudson Grant, J. C. Clemesha, Emil Lustig, Abraham L. Weil, Mary Clayton, James W. Charters, N. L. Burnham, Christ A. Weinbach and Charles R. Borzilleri. They were thereupon duly elected to membership.

Applications for membership were received from Drs. Wm. B. May, Charles F. Durand, Montressor Axford and Edward J. Kiepe, which were referred to the committee on membership.

The death of Dr. J. C. GREENE was announced by the president as having occurred on January 3, 1899, and the following memorial was presented by Dr. WILLIAM C. PHELPS, chairman of memorial committee:

IN MEMORIAM—JOSEPH C. GREENE, M. D.

The members of the Medical Society of the County of Erie acknowledge, in the death of Dr. Joseph C. Greene, the loss of a valued colleague, a worthy citizen and an honored member of society. His life was one of industry, energy, perseverance and integrity. His every act was along these lines. It is said that one of the finest instincts of our nature is that which prompts us to honor the dead. Our deceased brother was worthy of our highest consideration during life, and his death only brings more fully to view his many excellent qualities.

Dr. Greene's life-work was that of a physician. He became a resident of Buffalo in 1863, and has been of us and with us since that year. His great success in his chosen profession was due to a natural aptitude for it, and also to the unusual amount of professional knowledge which he had acquired. He was a most excellent physician, and this society honored him and itself by electing him its president in 1884. He was also at one time president of the fourth district branch of the New York State Medical Association. Dr. Greene was a man of public spirit and a patriot.

In 1885 he was elected to the board of aldermen, and ably represented his ward. He was also an active member, and for a time president, of the Buffalo Historical Society. He took great interest in this institution, which led him to gather, during a trip around the world in 1888 and 1889, a valuable collection of historical articles, which he presented to the society's museum. He was one of the original members and first president of the New York state branch of the Society of Vermonters.

His patriotic impulse caused him to enter with his whole soul into the plan of marking, in some suitable manner, the place of burial of those soldiers of the war of 1812 who died in the military hospital near Williamsville, Erie county; and although under the shadow of a fatal disease, he labored industriously and untiringly, though much beyond his strength, till his object was accomplished.

It will be doing no injustice to the living or the dead members of this society to say that no better specimen of the American general practitioner can be found

than was Dr. Joseph C. Greene. In the words of one of our own poets, it may be asked:

"Why weep ye, then, for him, who having run
The bound of man's appointed years, at last,
Life's blessings all enjoyed, life's labors done,
Serenely to his final rest has passed;
While the soft memory of his virtues yet
Lingers, like twilight hues when the bright sun has set?"

Resolved, That this memorial be spread on the minutes of this society, and that a copy be sent to the family of the deceased with an expression of our profound sympathy.

The memorial was adopted.

The vice-president, Dr. J. B. COAKLEY, then took the chair and the president read his valedictory address, taking for his subject "Why and how systematic examinations should be made of the eyes of the school children." (See page 495.)

The president requested that the address be discussed, whereupon Henry P. Emerson, superintendent of the public schools of Buffalo, was invited to open the discussion.

Superintendent Emerson said that while the facts were undoubtedly as presented, yet the mental progress of the schools had hitherto demanded so much consideration that proper attention could not be given to the physical. Out of 1,000 school rooms only about thirty had faulty light. These rooms are in old buildings, which the public do not desire torn down at present for economical considerations. The question of towels was another important one. There should either be one towel for each pupil—which for 70,000 pupils would be impracticable—or no towel should be provided at all. Really there is no use for towels in schools, as the children are supposed to wash at home. He desired the opinion of the society on this subject. Since he has held the office of Superintendent, Mr. Emerson said he had tried to obtain adjustable seats, or at least have each room equipped with one row. Pupils are graded according to mental and not physical qualifications. He believed Dr. Howe's suggestion about having teachers make the preliminary examinations of pupils' eyes to be a good one, as parents object to the indiscriminate examination of their children by unauthorised persons. However, there would be no objection to an inspector appointed by the city. There are 1,200 teachers to look after the educational welfare of the 70,000 pupils and he thought there ought to be at least one inspector to look after the physical side. This inspector might feel

more free to criticise and suggest if under the supervision of the Health Department than if he were an attache of the School Department.

Dr. ERNEST WENDE, Health Commissioner of Buffalo, said that the system employed in this city was faulty. The Department of Health is not consulted in the selection of sites or the construction of school buildings; then when irreparable damage was done the department was supposed to remedy it. If consulted the department would never consent to put up a school building next to a factory which annoyed and disturbed the school, as has been done. Last year he advocated the appointment of a medical examiner for schools, but the cry of economy killed it.

Dr. W. C. CALLANAN thought the entire sanitary condition of the schools should be looked after, as well as the eye-sight of pupils.

Dr. A. A. HUBBELL said that the paper was valuable and called attention to a subject variously considered. The suggestions were timely and practicable, but the examiner's duties should not be limited to examining the eye-sight, but include the entire hygienic conditions. He coincided in the views as to the method of examination.

Dr. HUBBELL then moved that a committee of three be appointed to examine the entire subject and report at the next meeting.

Dr. ERNEST WENDE said this subject was not new, but had been considered for five years. He moved in amendment that this com mittee consist of five and that they report at this meeting.

Dr. HUBBELL accepted the amendment.

Dr. WILLIAM WARREN POTTER said the facts presented were the result of extended observations by Dr. Howe, and discussions of this kind were particularly beneficent to the public, especially when participated in by the Health Commissioner on the one hand, and Superintendent of Education on the other. We have here in this room an object lesson of the difficulties encountered in properly constructing large school buildings with appropriate and scientific regard to light and suitable environment. Each physician should become a public educator in this matter, because favorable public sentiment must be created in order to make the plan practicable.

Dr. B. H. GROVE was desirous of having something definite done in this matter. As it was impossible to provide one towel for each pupil, the towels ought to be dispensed with. He also called attention to the overwork and mental crowding of children, as well as to

the keeping of children after hours, requiring them to do still more work for some misbehavior.

The motion, as amended, was then adopted, and the president appointed Drs. A. A. Hubbell, Ernest Wende, W. W. Potter, Edward Clark and George F. Cott as such committee. Later they presented the following report, which was adopted:

Resolved, That as members of the Medical Society of the County of Erie, we express to the superintendent of education in Buffalo and the school commissioners of Erie county our strong conviction of the advisability of having the teachers in the public schools examine the eyes of all pupils as often as once a year in the manner recommended by the State Board of Health.

Resolved, That in a similar manner we express to the mayor, to the boards of aldermen and councilmen, and to the board of supervisors, our sense of the necessity of authorising the health commissioner, as well as the health authorities of the towns, to appoint a physician, who shall be designated as medical inspector of schools, who shall devote his entire attention to the sanitary condition of the schools and the general physical health of the pupils.

(Signed) ALVIN A. HUBBELL,
ERNEST WENDE,
GEO. F. COTT,
WILLIAM WARREN POTTER,
EDWARD CLARK.

Dr. J. B. COAKLEY, chairman of the board of censors, presented the following report:

To the Medical Society of the County of Erie:

The board of censors begs to present its semi-annual report as follows:

During the six months last past several cases of alleged illegal practice of medicine have been presented to this board and thoroughly investigated by the combined efforts of the censors and the attorneys employed by this society. In no case during this time has it become necessary to take extreme measures in order to secure an abandonment of the improper practices complained of. In some cases we have been able to bring about by mere suggestion to the practitioner a compliance with the rules and regulations of the medical law, and in other cases by threat of legal proceedings the same result eventually has been accomplished.

This state of affairs goes to show most clearly the good effect resulting from the speedy conviction obtained by our attorneys last spring of an illegal practitioner who had been openly defying the law. This case, as will be remembered, was widely noted in the newspapers, and doubtless has served as a warning to that class of migratory quacks who have been accustomed to touch at Buffalo on their annual round, and, as well, has proved a powerful deterrent to many resident violators of the statute.

We are, therefore, very glad to be able to state that during the past six months the city has been almost entirely free from the class of traveling advertising charlatans who for two or three years previous have been so much in evidence in Buffalo.

We believe that this result has been accomplished largely through the vigorous measures adopted a year ago by this society, and the spreading abroad of the fact that the society was enough in earnest in its campaign against quackery to employ attorneys of its own for the investigation and prosecution of offenders against the medical law.

We might say further that this board and its attorneys have had under advisement the proposition to present to the legislature a bill extending the jurisdiction of the police court of Buffalo, so as to allow the final determination in that court of trials arising under the medical law, as is not now possible.

The large number of prosecutions in New York City is made possible by the speedy trial of all violators of the medical statute before local magistrates, without the necessity of going to the grand jury. If it is thought advisable on all grounds to establish this practice in Buffalo, a suitable bill will be presented at the present session of the legislature.

We may note in this report that the dental society of this city, following the example of this society, has employed local counsel for the prosecution of all offenders against the dental law, and is making a vigorous crusade against quacks in the practice of dentistry.

The number of practising physicians in this city and county is so large, and the number of opportunities for illegal practice so increasingly great, that the board of censors wishes again to call upon the members of the profession throughout the county to report promptly any apparent violations of the law coming to their notice.

The effect of our work during the last two or three years is becoming more and more apparent, and we propose, with the coöperation of the members of the profession, to keep the standard of medical ethics in this county as high as in any part of the state.

Respectfully submitted,

J. B. COAKLEY, Chairman.
THOMAS F. DWYER,
IRVING W. POTTER,
CHARLES E. CONGDON.

The report was accepted and placed on file.

Dr. CHARLES E. CONGDON then read a paper on Some points in the diagnosis of ovarian cysts, which was briefly discussed by Dr. Benedict.

Dr. BENJAMIN F. ROGERS read a paper on Ocular hygiene in the school room, which was discussed by Drs. Abbott and Bayliss. (To be published in the JOURNAL.)

Dr. GEO. F. COTT presented a new atomiser, constructed after plans devised by himself, and explained the mechanism.

Dr. W. C. CALLANAN, librarian, reported that the society's library is at the building of the University of Buffalo, and is used for reference by students and practitioners. Members having medical works which they could spare were asked to contribute.

The report was received and filed.

The treasurer, Dr. EDWARD CLARK, submitted his annual report, which was referred to an auditing committee, consisting of Drs. Benedict, Lytle and Meidenbauer. This committee later reported that they had examined the books and vouchers and found them correct.

The report was received and placed on file.

Dr. W. C. Callanan moved the appointment of a committee on nominations. Adopted.

The chair appointed Drs. Callanan, VanPeyma, W. W. Potter, W. G. Bissell and E. Wende.

The committee presented the following nominations: For president, Dr. J. B. Coakley; for vice-president, Dr. E. H. Ballou, of Gardenville; for secretary, Dr. F. C. Gram; for treasurer, Dr. Edward Clark; for librarian, Dr. W. C. Callanan; for censors, Drs. J. B. Coakley, Irving W. Potter, Thomas F. Dwyer, Charles E. Congdon, F. E. Fronczak.

The report was accepted and on motion of Drs. Callanan and Hoyer the secretary was instructed to cast the ballot of the society for the nominees. This was done and they were thereupon declared elected.

Dr. BENEDICT moved that the authority of the board of censors, to employ counsel as necessity arose, be continued.

Dr. Callanan objected unless the amount be limited to a specific sum. After some discussion the objection was withdrawn and the resolution adopted.

Dr. W. W. Potter moved that the usual honorarium of $50 each be granted the secretary and the treasurer for services during 1898. Adopted.

Dr. Howe then introduced the president-elect, Dr. J. B. Coakley, who assumed the chair, whereupon the meeting was declared adjourned.

Abstracts.

ORTHOFORM, "NEW," AS A LOCAL ANESTHETIC, ANALGESIC AND ANTISEPTIC.

NORTH, professor of laryngology, Toledo Medical College, (*American Medical Compend*), says that he has used this compound in advanced pulmonary and laryngeal phthisis, in all forms and varieties of ulcerations of the nose, mouth, pharynx and larynx, after the removal of the faucial tonsils, and even in painful carious teeth, with the most gratifying results. He says after operating in the nasal cavities under the influence of cocaine, he applies orthoform freely, and as a result has no pain to contend with and the vessels do not dilate and hemorrhage does not return and the parts heal very rapidly.

After the removal of the faucial tonsils he applies orthoform to the cut surfaces, the patients can eat solid food without pain and the parts heal quickly. There is no pain after removal of an elongated uvula if orthoform is applied.

In all cases of painful laryngeal troubles in which he applies orthoform, the pain is relieved at once and the patient experiences a relief that lasts for hours or days.

He had a very painful carious tooth. Cocaine would relieve the pain for a short time. He packed the cavity with orthoform and had no pain in the tooth for a week.

After giving details of cases and conditions in which the preparation was used, he concludes as follows: This is about the extent of my use of orthoform. I am convinced that it is a very valuable remedy in removing pain when applied to nerve endings. Its antiseptic and healing properties are also of very great value. It is a remedy that I could not dispense with in my practice without very great inconvenience.

THE TREATMENT OF COUGH IN THE PHTHISICAL.

AMONG the most prominent symptoms in phthisical cases is the irritating, harassing cough which is not only extremely annoying, but, if unrelieved, contributes greatly to the loss of flesh and strength by robbing the patient of rest at night. While the remedies that have been recommended from time to time are almost innumerable, physicians have usually been compelled in the end to rely chiefly

upon opium or some of its derivatives. Most of these drugs, however, have the injurious property of weakening the respiratory apparatus, of diminishing the expectorating power, and of giving rise to disagreeable after-effects These objectionable features are said to be entirely absent in heroin, a new remedy which combines the sedative action of morphine and codeine with apparent freedom from injurious or unpleasant after-effects. Heroin exerts a direct influence upon the respiratory tract, increasing the volume of inspiration as well as the force of expiration, and reducing the frequency of respirations. It thus acts as a true respiratory sedative, and relieves cough without the least risk of blocking the secretions in the air passages. In tuberculous cases it has the additional effect of reducing the temperature and relieving night sweats.—*Clinical Notes.*

TREATMENT OF NEURASTHENIA.

MINK in a recent paper (*Medical Bulletin*, Dec.,) discusses this subject with interest; defining it as simply nerve exhaustion, due to impaired nutrition, he proceeds to tell how to overcome it. He says that all of the various symptoms of neurasthenia, be they sensory or motor, psychic or somatic, slowly but surely yield to general systemic and tonic treatment, and disappear, *pari passu*, with the restoration of the nervous system to its normal condition.

In combating insomnia Mink uses drugs only as a last resort. When necessary to use something, however, he finds cannabis indica —10 to 15 minims of the fluid extract—valuable in relieving sleeplessness, mental depression, and the other nerve perturbations that accompany this neurosis. He undertakes to overcome the gastro-intestinal disturbances by attention to diet rather than by drugs, and recommends massage in constipation.

Mink says he has abandoned the various forms of iron and in their place now uses the compounds of arsenic and gold with most satisfactory results. He prefers the liquid bromide of gold and arsenic, known as arsenauro—20 to 30 drops largely diluted with water, after each meal. Finding it, generally speaking, impossible to carry out the Weir-Mitchell rest treatment, he simply advises patients to take as much rest as possible.

ABORTION.—Stahl, Chicago, (*Canadian Practitioner and Review*) says: Be conservative in the presence of a normally coursed abortion; wait and give nature an opportunity to act. Be radical when dealing with an abnormally coursed abortion; interfere and empty at once.

BUFFALO MEDICAL JOURNAL.

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EDITORS:

THOMAS LOTHROP, M. D. - WM. WARREN POTTER, M. D.

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HOSPITAL CORPS, 74TH REGIMENT, N. Y. N. G.

AT ONE of the last of the series of battalion drills to be given by the 74th Regiment in the old armory, held on January 5, 1899, the regiment was reviewed by Colonel Smith and other officers of the 13th Regiment, U. S. Army, now stationed at Fort Porter.

The program announced as a special feature of the evening a drill of the hospital corps by Major William G. Bissell, Surgeon of the 74th Regiment. After the reviewing of the regiment Major Bissell called his corps to the floor, and put them through a most interesting and instructive drill. It was interesting because it showed perfect control and excellent discipline; it was instructive because it showed the people present just how a hospital corps works in relieving the wounded or sick. Of course, it is not expected that in actual work a squad would go through the work of preparing a stretcher as though they were on exhibition, but this drill showed that by their high proficiency in the exhibition work they would lose no time in emergency work and that there would not be any bungling or confusion.

There are three squads in the 74th's hospital corps and Major Bissell put them through the work of slinging and unslinging stretchers, lifting and returning, and rolling the stretchers. Following this was the rapid preparation of emergency stretchers with rifles and blankets. This was an admirable bit of work and was performed with a precision and rapidity which betokened a high degree of proficiency, of which Major Bissell and the corps should be proud.

Dr. Bissell has not been at the head of the corps many months, but he has brought it up to a high degree of excellence, and Colonel Fox and his regiment should feel proud of the hospital corps, for it

is one of the most perfectly drilled as well as one of the best equipped in the National Guard of this state, numbering as it does among its members, druggists, medical students and physicians. The efficiency of the corps was shown first in a most practical way, when, the 65th Regiment sick-train came to Buffalo from Camp Alger, last August, having 109 fever patients. Dr. Bissell and his corps met the train and unloaded the sick. This was no small task, yet it was accomplished tenderly and gently, in less than one-half the time it took to put them on the train at Camp Alger. The 109 patients were removed from the train, properly cared for and disposed of in about forty-five minutes.

Efficiency, intelligence and rapidity characterise the hospital corps of the 74th Regiment, and it well deserves the handsome hospital quarters assigned to it in the new armory.

General Leonard Wood, Military Governor of Santiago, who has recently paid a visit to the United States, is one of the most interesting characters that the war with Spain has developed. Being himself a physician by education and practice, until the war, his career has been watched with special interest by physicians. But his many-sided traits, all presenting great points of strength, have made him equally interesting as a splendid specimen of heroic manhood to every American citizen of patriotism and intelligence.

As colonel of the Rough Riders he achieved the first military success in Cuba, and as military governor of Santiago he has set up an object lesson in good government that will prove a difficult ideal for others to attain. He takes a city reeking with the filth that centuries have accumulated, and in a few weeks makes it a model of cleanliness; he falls heir to a death-rate that dirt and tropical diseases have swollen to an alarming size, and reduces it to proportions that even Buffalo may almost envy; he takes a chaotic civil government that is inefficient, if not corrupt, wrecked at all events by war, and rehabilitates it with a matchless speed, making it famous for honesty, justice and economy; he reorganises schools and establishes a comprehensive educational system; he collects the revenues, employs the idle, punishes the criminal, educates the ignorant, and deals kindly with the poor. That the government has recognised his services in part by his recent nomination and prompt confirmation as a major-general of U. S. Volunteers is, indeed, gratifying.

THE New York *Post-Graduate* in a recent issue very appropriately says:

At last we hear the other side. After the daily and medical press have exploited the great mortality from sickness in our war with Spain, we have some facts which we hope our hysterical brethren will consider. The Deputy Surgeon-General of the Army, Lieut. Colonel Charles Smart, states absolutely that the sickness and mortality during the war with Spain were not relatively as great as from that with which our volunteer troops suffered from during the Civil War. Not only, as Dr. Smart says, has time dulled the national memory of what happened in those days, but the volunteer of that time did not expect the sympathy that he seems to have expected in Camps Alger, Chickamauga, Black and Montauk.

After commenting upon Dr. Smart's statistics the *Post-Graduate* continues:

What does this show? It shows that in the five months of the war with Spain, we lost by death 10.21 out of every 1,000 men reported present, and in the first five months of the Civil War we lost 17.31 out of every 1,000 similarly reported present. The medical reports show also that as soon as the general existence of typhoid fever in the camps and of the malarial fever in General Shafter's corps was known, the War Department immediately put forth its energies to remedy this condition, so that the death-rate fell in September to 2.45 as against 4.08 in August. During the Civil War, the death-rate in November, '61, was 4.27, or more than the maximum of August, 1898. In December there was no decrease; the death-rate was 4.69. In January, '62, it rose to 4.84, and in April it was at its height; the death-rate ranged to 8.42 per thousand, twice as high as that reported from our camps in August. This is, indeed, a comparison which ought to produce some remorse in the minds of those journalists and reporters who have filled the air with their outcries of the degeneracy of the United States Army.

DURING his recent visit to this country a dinner was given to General Leonard Wood, at the Union League Club, at New York. It was a brilliant affair and among the diners were some of the most distinguished citizens—men of the highest prominence in military, naval, professional and commercial circles. General Wood, of course, made a speech and it is pleasant to observe that, though full of absorbing interest, it was characterised by that same modesty and gentleness, even though bristling with eloquence at times, that has thus far distinguished both his military and civil career. He told of the unfortunate misunderstanding between our people and the Cubans and how it complicated the work of rehabilitation. Listen

to his own words as to how the difficulties were in a measure overcome!

There certainly was a good deal of feeling on both sides, and the problem when the old army withdrew and the new one came in was a little difficult, as there was a good deal of sickness and a good deal of distress, in fact more than I have ever dreamed possible in any country, and there was a good deal said of the distress on both sides. But we started in by having no secrets of any kind, shape or description. Everything that was done was done down there as an open book. The secretaries and clerks at department headquarters, in civil departments were all Cubans, and all men who had been in the Cuban army, and all financial transactions were carried out through Cuban clerks, so that everywhere they are now satisfied that as far as the interests of the country went it was all right.

He further told how he dealt with the problem of offices, spoke most interestingly of the respect the inhabitants of eastern Cuba bear toward the American flag and the American people. General Wood concluded his most interesting address as follows:

HEALTH OF THE TROOPS.

The health of the troops may be interesting. When we went there in July, I don't think I ever saw a more pathetic sight than at the departure of our troops as they jumped ashore at Daiquiri and Siboney. We were all inclined at that time to criticise the situation and say that if we had more of something or less of something else it might have been better, but, generally speaking, every man who has gone to Cuba has had fever. Much of the idle talk of defective rations and embalmed beef and other things which none of us have ever seen down there and only heard of after we came home (applause) is not due to the rations, but to the climate. Every soldier going to Cuba is bound to have Cuban fever. The Cubans used to have as high as 60 per cent. and sometimes as high as 80 per cent. unfit for duty. This is simply to show that the condition of our troops was due to the climate, and not the result of any sort of neglect on the part of the government. (Applause.) There are things, of course, that might have been better, but I do not think that any of us expected a picnic.

I want to thank you very much for your more than cordial reception. I cannot half tell you how much I appreciate it. It is this sort of thing that makes one go back with the determination to do the best he can and that is all anyone can do. (Great applause and cheering.)

This should, as it no doubt will, serve to clear the air of much of the fogginess of untruth engendered by the newspapers and medical journals, that have printed material of which they knew little and apparently cared less, if only they could find fault.

IN RELATION to sickness in the Army a recent correspondent of the *New York Tribune* writes to that paper as follows:

Sir—Happening to open an old volume of The Atlantic, I came upon an interesting article on The Sanitary Condition of the Army, which it would be well for all the critics of recent war operations to read. They would discover that sickness is a constant attendant on an army anywhere and under all conditions. One of the most striking cases was in 1809, when the British sent an army of about forty thousand men to the Netherlands, where they were stationed at Walcheren, a place where a previous army, about 1740, had suffered severely from sickness. The second army was attacked by fever and dysentery, like the first, and with similar destructiveness. In two months after landing, 7,626 were on the sick list. In ninety-seven days, more than 12,000 were sent home sick, and in less than four months only 4,000 effective men were left. On the first of the following February there were 11,500 on the sick list, and 15,500 had been lost or disabled. Between January and June of 1810, 36,000 were admitted to the hospital, and 8,000, or more than 20 per cent., died.

And so it goes through every war. If the unreasonable critics of Secretary Alger will turn to the Atlantic Monthly, Volume X., and read the excellent paper by Dr. Edward Jarvis, page 463, it is probable that, while still claiming the very best treatment for our soldiers under all conditions, they will admit that maintaining a large body of men in a campaign fraught with such unusual conditions as existed in the field at Santiago is a most difficult matter, and that while the War Department may deserve censure in some respects, on the whole it deserves from every true American a very large measure of praise.

F. S. D.

THE President in his last annual message to the Congress renewed his recommendations of the previous year, relating to the creation of a commission for the purpose of making systematic investigation with reference to the cause and prevention of yellow fever. After introducing the subject the President says:

This matter has acquired an increased importance as a result of the military occupation of the Island of Cuba and the commercial intercourse between this island and the United States, which we have every reason to expect. The sanitary problems connected with our new relations with the Island of Cuba and the acquisition of Porto Rico are no less important than those relating to finance, commerce and administration. It is my earnest desire that these problems may be considered by competent experts and that everything may be done which the most recent advances in sanitary science can offer for the protection of the health of our soldiers in those islands and of our citizens who are exposed to the dangers of infection from the

importation of yellow fever. I therefore renew my recommendation that the authority of Congress may be given and a suitable appropriation made to provide for a commission of experts to be appointed for the purpose indicated.

THE Grosvenor library has fitted up a special room in its handsome building on Franklin and Edward streets, for the exclusive use of physicians, which it has equipped with 3,500 medical books, and where the current medical magazines will also be found. This room was formally thrown open for the use of physicians on Monday, January 23, 1899, when Mr. Edward P. Van Duzee, the efficient superintendent, and his assistants received the visitors from 1 to 10 p. m.

The room is on the second floor, directly over the entrance on Edward street and is well lighted. It is not intended for the use of students, but of physicians. The students' collection will remain down stairs.

It is one of the best appointed and handsomely prepared rooms for library purposes in the city and ought to be appreciated, as it doubtless will be, by the physicians of Buffalo and vicinity. The trustees of the library, Messrs. Josiah Jewett, E. H. Butler and Ganson Depew, are entitled to the thanks of the medical profession for their liberality in providing such a department of the Grosvenor library, and Mr. VanDuzee, the superintendent, also deserves praise for his efficiency and zeal in so admirably carrying out the wishes of the trustees. The library will be open between the hours of 10 a. m. and 10 p. m. week days and from 1 to 6 p. m. on Sundays. The library will be glad to receive donations of medical books and pamphlets from any person who may have such to spare.

SURGEON-GENERAL STERNBERG has been telling what the women did to help on the war to a successful termination. In a letter recently sent to Mrs. J. M. Belden, New York State Regent of the Daughters of the American Revolution, he said:

The want of a sufficient body of trained hospital corps men necessitated the detail of enlisted men from the regiments for hospital duty in several of the camps and the employment of trained nurses at the general hospitals. Foreseeing the necessity for a large force of the latter, I applied to Congress on April 28, 1898, for authority to employ by contract as many nurses as might be required during the war at the rate of $30 per month and a ration, the pay proper to be paid from the appropriation for the medical and hospital department. This was promptly granted. About the same time

the National Society of the Daughters of the American Revolution offered its services as an examining board for female nurses, and a committee, of which Dr. Anita Newcomb McGee was chairman, was designated to take charge of the work. Thereafter most of the female nurses employed were selected by this committee, with the exception of those immune to yellow fever who were recruited in New Orleans and other southern cities, and a few who were enrolled at Montauk Point, Long Island, and Jacksonville, Fla., by the chief surgeons at these places.

A number of the patriotic societies offered to provide the hospitals with nurses, but the committee referred to answered its purpose so well that I did not feel the need of additional assistance, and was relieved from what could otherwise have been a serious responsibility.

Over 1,700 female nurses have been employed, at first at the general hospitals and later at the field division hospitals, when it became evident that the field service purposes for which the latter had been organised would have to give place to the imperative need of caring for the many sick men coming from the regimental camps. These hospitals ceased to be ambulance hospitals, and their character of fixed field hospitals was promptly recognised by assigning contract surgeons and nurses to duty with them and providing them with the articles of equipment which cannot be carried in the hospital wagons of a marching command.

Female nurses were not sent to these field hospitals until their original function as an essential adjunct to a command mobilised for active service became lost in the current of immediate necessities. Many of the trained nurses were sisters of charity, whose services were highly appreciated by medical officers in charge as well as by the individual sick men, who benefited by their ministrations. Others were obtained through the kind assistance of the Red Cross Society for the maintenance of trained nurses, Auxiliary No. 3, and I desire to express my high appreciation of the valuable services rendered to the medical department by this organisation.

This will explain the Surgeon-General's real position with reference to employment of trained nurses in the Army, and shows up the falsity of the general belief on the subject created by the misrepresentation of the newspapers.

A frequent contributor to the JOURNAL hands us the following letter, which he has recently received:

..... '98.

Dr.....

Buffalo, N. Y.

Dear Doctor: We have just read with much interest the paper you presented to the meeting of the . . , entitled " . . . . . ." Your style of writing is certainly very attractive.

We would like very much to get you to write an article of about a thousand words for our journal. If you will furnish us an article within the next month on one of the following subjects: Micajah's medicated uterine wafers in uterine diseases, manufactured by Micajah & Co., Warren, Pa.; Viskolein, in any disease in which it is indicated, manufactured by the Viskolein Chemical Co., No. 5 Beaver street, New York; Nosophen, in any disease in which it is indicated, manufactured by the Stallman & Fulton, 10 Gold street, New York, we will send you our journal complimentary for three years. Under separate cover we send you several copies of the journal for your inspection. If you need any special literature on the subjects named above, you can get it by writing to the manufacturers, or if you need any of the preparations for experimental use they will take pleasure in sending you all you want. Please let us hear from you by return mail.

Thanking you in advance for a favorable reply, we are,

Very truly yours,

. . . . .

For obvious reasons we suppress names, date, etc., but print the letter to show the extremities to which medical journals are driven, or to which they in many instances voluntarily resort to get or maintain business. And yet the journal whose editor wrote the foregoing ranks as one of the most prosperous provincial medical publications in this country.

PERSONAL.

DR. OSWALD C. STACKHOUSE, of Buffalo, was recently appointed assistant physician at the Hudson River State Hospital at Poughkeepsie.

DR. JOHN H. GRANT, of Buffalo, who was appointed an acting assistant surgeon U. S. Army and assigned to duty at the U. S. General Hospital, at Fort McPherson, (Atlanta, Ga.,) has recently returned. He has retired from the military service and resumed his practice as well as his duties as milk inspector in the Department of Health.

DR. FREDERICK HOYER MILLENER has announced that he has removed his office to No. 5 North Pearl street, where he will continue to treat diseases of the nose, throat and ear as a specialty. Hours: 9 a. m. to 1 p. m.; 7 to 8 p. m. Other hours by appointment.

DR. WILLIAM H. MOUNTAIN, who has been house surgeon at the Emergency Hospital for the last six months, has been appointed resident physician at the Buffalo Hospital of the Sisters of Charity. Dr. William T. Griffin of the Sisters' Hospital has taken Dr. Mountain's place as house surgeon at the Emergency.

DR. EDWARD J. ILL, of Newark, N. J., president-elect of the American Association of Obstetricians and Gynecologists for the meeting of the third week in September, to be held in Indianapolis, was the guest of Dr. L. H. Dunning, December 13th and 14th, at Indianapolis.

Dr. Dunning gave him a dinner at the Denison House from 6 to 8 p. m., where twenty or more of the physicians of the city, representing each of the varied medical interests and institutions, had the pleasure of meeting and conversing with Dr. Ill.

After the supper the visitor and guests attended the meeting of the Marion County Society, where Dr. Dunning read an essay on Some minor disorders of the female genitalia, including kraurosis vulvæ, urethral caruncle and senile endometritis, which was discussed by Drs. Ill, Pantzer, Eastman, Pfaff and others.

The following day Dr. Ill operated at the Indianapolis City Hospital clinic on a case of parovarian cyst. Dr. Dunning also operated upon a case of double papillomatous cyst, with rupture, secondary involvement and ascites. It is gratifying to state that two weeks have elapsed since the operations, and both patients have gone on without accident, and are virtually recovered. This is the more noteworthy as it is a well-known fact that operators off their native heath have so often been unfortunate in the outcome of their illustrative operations that there is a very considerable and growing timidity on their part in operating outside their own hospitals and sanitariums.

Dr. Ill has been kind enough to forward this journal a report of his case, which is published in this issue in connection with Dr. Dunning's case.

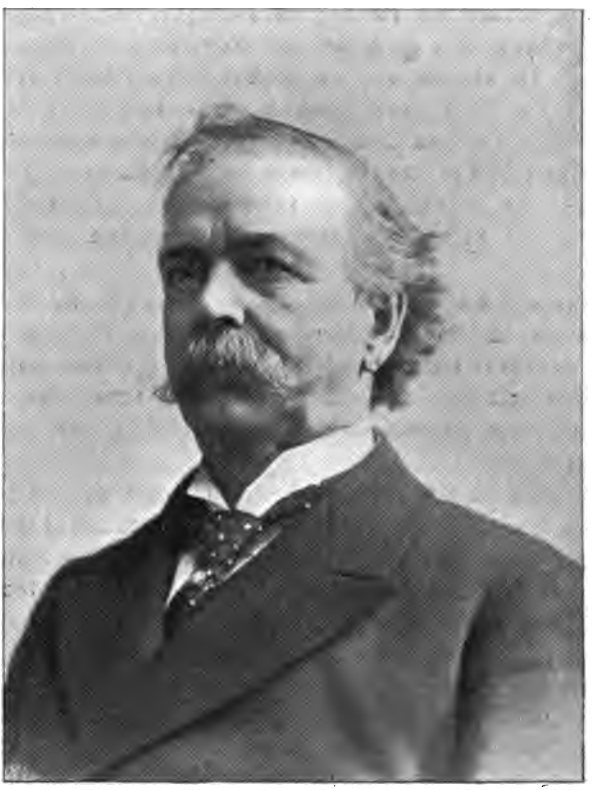
It is needless to say that Dr. Ill is a genial and attractive character, quiet and unobtrusive, as good a listener as a converser, and that the profession in Indianapolis was pleased at the opportunity of making his acquaintance.—*Indiana Medical Journal*, January.

MAJOR GEORGE R. FOWLER, of Brooklyn, Chief Surgeon U. S. Volunteers, is honorably discharged, to take effect February 1, 1899.

Dr. Fowler has been with the 7th Army Corps, General Fitzhugh Lee commanding, in Cuba. He is one of the state medical examiners and he will be warmly welcomed home by his colleagues on the board.

OBITUARY.

DR. JOSEPH C. GREENE, of Buffalo, died at his residence, 1125 Main street, Tuesday, January 3, 1899, aged 69 years. He was born at Lincoln, Vt., July 31, 1829, where he continued to reside



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during the first sixteen years of his life, attending the public school in winters. In 1846 he entered a boarding school at Nine Partners, Dutchess County, N. Y., and later attended the Barry Academy in Vermont, from which institution he was graduated.

His medical studies were commenced in the office of Dr. Hugh Taggart, a prominent physician of Western Vermont, and were completed by courses in the Woodstock, Castelton and Albany Medical Colleges. He received his degree of M. D. from the Albany school in 1855 and spent the next year in study among the hospitals of New York. He practised for a short time in Charlotte and in 1863 came to Buffalo.

He married Miss Julia Taggart, of Vermont, September 21, 1856. She died in Buffalo in 1882. Three children of this marriage survive, Dr. Dewitt C. Greene, Mrs. Edward Andrews and Mrs. Fred Bush Willard, all residing in Buffalo. Dr. Greene married Mary Burrows Smith, of Albion, on November 26, 1891, who also survives. Dr. Greene was an ex-president of the Fourth District branch of the New York State Medical Association and of the Medical Society of the County of Erie. He was a member and at one time president of the Buffalo Historical Society. During the years 1873 and 1874 he was district physician of the Buffalo Board of Health, and in 1885 he served as alderman from the then second ward.

In company with his brother, Dr. S. S. Greene, he made a tour of the world, leaving Buffalo, September 3, 1888, and spending fourteen months in travel through the eastern countries and Europe. A valuable collection of relics, curios and antiquities, made in Egypt, Syria and Assyria, was, on his return, given to the Buffalo Historical Society.

He had not been in his usual health for some months before his death, but his final sickness was brief. A memorial expressive of the esteem in which the profession held him, couched in better phrase than we can write, is published in the proceedings of the Medical Society of the County of Erie, on page 529. We present an excellent portrait of Dr. Greene, made by the Matthews-Northrup Co., at their art works in this city. His funeral was largely attended by physicians and other prominent citizens, Friday, January 6, 1899, and the interment was at Forest Lawn.

Dr. Albert H. Crawford, of Buffalo, died suddenly at his residence, 274 East Swan street, Friday, January 20, 1899, aged 58 years. The day before his death, Dr. Crawford, apparently in his good health, started out on his bicycle to visit a patient on the Tifft Farm. When he had reached the junction of Louisiana and Ohio streets he felt a peculiar numbness stealing over him, which his

professional knowledge told him meant a premonition of apoplexy. He managed to dismount from his wheel and reach the side of the street, where he sank down. Consciousness had not deserted him and he asked a woman, who was passing, to call a policeman. The officer procured a carriage and he was taken to his home. Medical aid was at once called in, but he soon lapsed into unconsciousness and quietly passed away next morning.

Dr. Crawford was a native of Corfu, Genesee County, where he passed his early life. He graduated in medicine at Buffalo University Medical College in February, 1865. He engaged in practice for a time in one of the south towns of Erie County, but afterward located in Corfu. He came to Buffalo in 1881, where he has since pursued the practice of his profession with credit to himself and in the enjoyment of the confidence of his patients and professional colleagues. He was wholly absorbed by his profession and his domestic ties. He was always faithful to his patients and enjoyed the respect of a large circle of neighbors and friends. He was a member of the Medical Union and of the Medical Society of the County of Erie. He is survived by a widow and two young daughters. His funeral was largely attended on Monday, January 23, 1899, and the interment was at Corfu.

Dr. John B. Hamilton, of Chicago, died at his residence at Elgin, Ill., Saturday, December 24, 1898, aged 51 years. The immediate cause of his death was hemorrhage, due to perforation of the intestine. This perforation communicated with a large abscess outside the bowel, and the disease had continued for something less than a month.

Dr. Hamilton was one of the most conspicuous figures in American medicine. He entered the military service during the Civil War at the age of 17. Three years after the close of the war he took his medical degree at Rush Medical College, Chicago. Soon afterward he entered the U. S. Army as assistant surgeon. In 1876 he was transferred to the U. S. Marine Hospital service, in which he rapidly rose by promotion to be Surgeon-General. He molded the corps into a distinctly efficient body, and in 1888 made a personal contest with the yellow-fever epidemic in the South. In 1892 he resigned the office of Surgeon-General and removed to Chicago, retaining the office of surgeon in the corps, and became professor of surgery in his alma mater. In 1893 he became editor of the Jour-

nal of the American Medical Association, which place he held at his death. In 1896 he was appointed Superintendent of the Northern Illinois Hospital for the Insane at Elgin, in which service he died.

Dr. Hamilton was authority upon questions of public health, was a surgeon by instinct and training, an executive officer of first ability, a scholar, a gentleman and a most charming man professionally, socially and officially. This brief sketch of his life does sadly imperfect justice to one of the most brilliant and picturesque careers that American medicine has witnessed. He died young, but he had accomplished more than falls to most men whose spans of life run the allotted period. He will be missed everywhere that medical men meet.

Dr. H. De V. Pratt, of Elmira, one of the most prominent physicians in Chemung County, died of pneumonia at his home in that city January 12, 1899, aged 42 years. He was a member of many fraternal societies, a prominent member of the Medical Society of the State of New York, of the Elmira Academy of Medicine and of the Medical Society of the County of Chemung, and was formerly surgeon of the 30th Separate Company. His name was on the program of the Medical Society of the State of New York for its next annual meeting.

Dr. Luman P. L. Parker, of Akron, N. Y., died Sunday evening, January 1, 1899, at his home in that village. Dr. Parker was born in Varysburg, Wyoming County, in 1828, consequently was 70 years old. His early life was spent upon a farm, after which he took a course in medicine in the University of Buffalo from which institution he was graduated in 1854. He was united in marriage to Miss Harriet Austin in 1850 and soon afterward located at Akron, where he had resided ever since. Four years ago he found it necessary to abandon his large practice on account of ill-health and had been confined to his home ever since. He is survived by four sons and one daughter, Edward E., of Austin, Pa.; William W., of Batavia; Charles C., Dr. Frank W. and Miss Harriet, of Akron.

Dr. B. R. Johnson, of Gowanda, N. Y., died in that village January 21, 1899. Dr. Johnson had been ill some weeks suffering from pneumonia and his death had been expected for several days. Yet, when the end came the shock was a severe one to the community.

Dr. Johnson was held in the highest esteem by the people of Gowanda and vicinity. He was a popular man, an active practitioner, devoted to his profession and ready to sacrifice his personal comfort at all times to heed the calls of the sick. Dr. Johnson's father, also a physician, died at the family home at Gowanda last summer. The deceased leaves a widow and two children. He was a brother of Dr. Burt C. Johnson, of Buffalo.

Dr. C. C. P. Clark, of Oswego, N. Y., died at his residence in that, city Wednesday, January 11, 1899, aged 76 years. He was one of the most prominent physicians in that region, and a man of wide learning. He was born at Middlebury, Vt., graduated at Middlebury College in 1843 and took his doctorate degree at the College of Physicians and Surgeons, New York, in 1847.

COLLEGE AND HOSPITAL NOTES.

The Skin and Cancer Hospital, New York, recently held its annua meeting, at which the following officers were elected: President, J. Cleveland Cady; vice-president, William C. Witter; treasurer, Edward Winslow, No. 17 Nassau street, and secretary, Dr. L. Duncan Bulkley, No. 4 East Thirty-seventh street.

Reports were received from the committees and departments of the hospital, in relation to the work of the last year, which has been a notable one for the institution, on account of the completion of its new building, at Nineteenth street and Second avenue, built entirely from the proceeds of the real estate formerly held by the hospital.

The new hospital shows advancement in all those features that experts consider desirable in a hospital, combined with thorough economy at every point. The building itself is arranged with great ingenuity, so that with little walking one can readily see every part of it. Every room is well lighted; the ventilation is perfect, and its appointments are all so devised that they can easily be kept clean.

The hospital has about sixty beds. A house in Nineteenth street, connected with the hospital furnishes accommodations for the employees. There is a dispensary on the first floor and a complete system of baths of various kinds in the basement. The building is fire-proof throughout and substantially built.

The work of this hospital is to a large extent for the relief of those who are completely disabled and thrown out of the condition of self-support by maladies which have not impaired their strength or general health.

The hospital has had great success in treating cases of cancer. This disease has many distressing forms that are amenable to expert surgical treatment, as the records of this hospital have shown.

The hospital is entirely dependent upon the public for its support, its property being wholly comprised in the new building and its plant. It is run with great economy and care, so that there are few objects for which a given amount of money small, or large, can be applied so directly to the result desired, or that will render so many helpless people helpful and independent for the money expended. Its work has fully justified its motto of "helping people to help themselves."

ANOTHER generous gift has been made to a medical college in this city. The sum of $50,000 has been given to Columbia University for the purpose of establishing free beds for children in the Roosevelt Hospital. The beds are to be dedicated to the name of Professor Abraham Jacobi. This is another gratifying evidence of interest in the endowment of medical schools. No one deserves the recognition of a long service as a distinguished teacher more than Dr. Jacobi. —*Post Graduate*, New York.

CORNELL UNIVERSITY, the first college to admit women in co-education with men, has also been obliged on adding a medical department to allow the sexes to study together. The professors it is stated were at first opposed to receiving the young women in the same medical classes with the young men, but the charter of the institution having been granted for co-education, it was not possible to close any department to either sex. The example of the Medical Department of the University of Buffalo, which admitted women in 1875 on the same basis as men, is thus followed. Nineteen young women are enrolled among the medical students of Cornell.

THE number of matriculates attending the New York Post-Graduate Medical School and Hospital on November 22, 1898, was 117, one more than on the same date in 1897. The number of patients in the hospital was 143, 105 of whom were free. During the past year gifts for the maintenance of beds in perpetuity have been made to

the Post-Graduate Hospital by Dr. George N. Miller, The Orford Copper Company, Mr. and Mrs. Leonard Lewisohn, "In memory of Samuel Lewisohn;" Mr. and Mrs. Jefferson Hogan, "In memory of Jefferson Hogan, Jr." The perpetual support of a bed in the orthopedic ward has also been commenced by Mrs. Robert M. Thompson. We glean these interesting data from a recent number of the *Post-Graduate*.

On the recommendation of the Medical faculty and senatus of the University of Edinburgh, and with the permission of the University Court, Dr. J. W. Ballantyne, lecturer on midwifery and gynecology in the Medical College for Women, Minto House, will deliver a series of six lectures on teratology and antenatal pathology within the University (New Medical Buildings). The lectures, which are free to the members of the medical profession, will be given in the medical jurisprudence class-room, at 5 o'clock p. m., on consecutive Fridays in February and March, 1899.

SOCIETY MEETINGS.

The Medical Union at its annual meeting, which was held Wednesday night, December 28, 1898, at the Genesee Hotel, elected the following-named officers: President, Dr. J. C. Thompson; vice-president, Dr. Herman Mynter; secretary and treasurer, Dr. Frederick Preiss; executive committee, Dr. A. H. Briggs, Dr. A. A. Hubbell and Dr. Frederick Preiss.

The Niagara Falls Academy of Medicine and the Niagara Frontier Dental Society held a joint meeting at the Tower Hotel, Monday evening, January 9, 1899. A paper was read by Dr. D. F. Bentley, subject, Diseases of the antrum, which was discussed by Drs. O. E. McCarty and F. T. Jenkins. A paper was read by Dr. C. G. Leowolf, subject, Operation on teeth during pregnancy, which was discussed by Drs. G. J. Musgrove and P. E. Redpath. Following the papers and discussion, a banquet was served.

The Sixth International Otological Congress will be held in London, from August 8 to August 12, 1899, under the presidency of Dr.

Urban Pritchard. The following subject is down for general discussion: Indications for opening the mastoid in otitis media suppurativa chronica, but papers are desired on any subject relating to otology. The secretary of the executive committee is E. Cresswell Baber, No. 46 Brunswick square, Brighton, to whom communications may be addressed. This announcement recalls the fact that the first of these congresses was held in Chickering Hall, New York, in October, 1876, under the presidency of Dr. D. B. St. John Roosa.

THE Surgical Section of the Buffalo Academy of Medicine held its first meeting of the year, January 3, 1899, and was called to order by Dr. J. Henry Dowd, as chairman, *pro tem.* A very interesting paper, Protargol in acute gonorrhea, was presented by Dr. George Knowles Swinburn, Surgeon Good Samaritan Hospital, instructor in genito-urinary diseases Cornell Medical College and editor *Journal of Genito-urinary and Cutaneous Diseases*, New York. Discussion by Drs. Howell, Hartwig, C. P. Smith, Wende and Russell. The second paper of the evening was presented by Dr. A. E. Diehl, on Burns, scalds and frost bites. Discussion by Drs. Swinburn, Wende, Thornbury, C. P. Smith, Frederick, Eugene Smith, Denton and Lustig. Dr. Patterson, of the State Hospital, showed a most interesting specimen of rupture of a ventricle. On motion of Dr. Ring, the thanks of the Academy were tendered Dr. Swinburn for coming to Buffalo and personally giving his experience with the drug protargol.

THE Esculapian Club will hold its February meeting at the residence of Dr. Clark E. Ernest, 282 W. Ferry street, at which time Dr. C. J. Carr will be the essayist.

THE American Electro-therapeutic Association held its eighth annual meeting at Buffalo, in the rooms of the Society of the Natural Sciences, September 13 to 15, 1898, under the presidency of Dr. C. R. Dickson, of Toronto. The Mayor of Buffalo, Dr. Conrad Diehl, delivered an address of welcome, to which Dr. F. B. Bishop, of Washington, D. C., responded.

The officers for the following year are: President, Dr. F. B. Bishop, Washington, D. C.; first vice-president, Dr. Ernest Wende, Buffalo, N. Y.; second vice-president, Dr. W. H. White, Boston, Mass.; secretary, Dr. D. J. Gerin, Auburn, N. Y.; treasurer, Dr.

R. J. Nunn, Savannah, Ga. Executive council—for three years, Drs. R. Newman, New York, and G. B. Massey, Philadelphia, Pa.; for two years, Drs. A. D. Rockwell and Wm. J. Morton, New York; for one year, Drs. C. R. Dickson, Toronto, Ont., and F. Schavoir, Stamford, Conn. The next meeting will be at Washington, D. C., September 19 to 21, 1899.

A resolution was passed urging colleges and medical schools to establish chairs on electro-therapeutics, or devote more time and attention to teaching this branch, and it was decided to call the attention of the Association of Medical Colleges to the necessity for such a step. The University of Buffalo was congratulated upon having a chair of electro-therapeutics in its medical department. An excellent exhibition of electrical apparatus was held in the lecture-hall next the room of meeting, and proved a very attractive feature.

THE Buffalo Academy of Medicine held meetings during the month of January, 1899, as follows:

Section on Medicine.—Tuesday evening, January 10th, program: Auto-intoxication, A. M. Hurd; Membraneous enteritis as found in nervous diseases and insanity, H. A. Wood; The relation between physical and mental diseases, H. P. Frost; A few notes on paresis, Helene Kuhlman; Notes of cases, C. J. Patterson.

Section on Pathology.—Tuesday evening, January 17th, program: The Pathology of catarrhal deafness, F. W. Hinkel; discussion opened by H. Y. Grant.

Section on Obstetrics.—The regular meeting of this section, which should have occurred on Tuesday evening, January 24th, was postponed until Tuesday evening, January 31, 1899, owing to the absence in Europe of Dr. William P. Spratling, essayist.

Book Reviews.

ACCIDENT AND INJURY. Their Relations to Diseases of the Nervous System. By PEARCE BAILEY, A. M., M. D. New York: D. Appleton & Company. 1898

The subject of traumatic nervous affections has received considerable attention by the School of Salpêtriére, in France, by Oppenheim and others in Germany, and by Knapp, Clevenger and others in his country. To these must now be added the splendid production

of Pearce Bailey, which traverses the whole subject in a thoroughly scientific, able and liberal manner. The importance of this subject is extremely great, when one recalls the fact that case after case of traumatic nervous disease finds its way into the courts where the utmost care must be exercised in the correct interpretation and presentation of the symptoms and facts by the attending physician. The author divides the work into four parts as follows:

The introduction treats of the accident, the previous history of the patient, the physical evidences of predisposition to nervous disease, and the examination for the actual injury.

Part I. treats of the organic effects of injury to the nervous system, such as injuries to the brain, spinal cord and peripheral nerves. The ultimate organic effects of injury, as epilepsy, general paralysis of the insane, locomotor ataxia, progressive muscular atrophy and paralysis agitans are then taken up separately.

Part II. treats of the functional effects of injury, known generally as the traumatic neuroses, which includes traumatic hysteria, traumatic neurasthenia, and some unclassified forms.

In Part III. the author takes up the difficult question of malingering and treats it with much tact and clearness. The exaggeration of the symptoms actually present is a very difficult matter to decide, also the simulation practised by adept individuals. Part IV. takes up the question of treatment, considering the use of electricity, massage, rest cure, hydrotherapy, isolation and hypnotism. A carefully prepared index of names and subject-matter completes the volume. Fifty-five well executed illustrations accompany the text. On the whole, no better work in the English language has appeared on this subject and the author is to be congratulated on his success. The book-making, paper, print and binding are unexcelled.

W. C. K.

STUDENTS' HISTOLOGY: A Course of Normal Histology for Students and Practitioners of Medicine. By MAURICE U. MILLER, M. D., late Director of the Department of Normal Histology in Loomis's Laboratory, University of the City of New York. Revised by HERBERT U. WILLIAMS, M. D., Professor of Pathology and Bacteriology, Medical Department, University of Buffalo. Third revised edition. Profusely illustrated. New York: William Wood & Co. 1898.

The present tendencies in medicine require more and more the application of the microscope as an aid to diagnosis. Its intelligent use demands practical laboratory training rather than extended theoretical knowledge. Miller's histology aims to present the subject from the viewpoint of the beginner rather than that of the advanced student or teacher; moreover, the work is intended to be used in the laboratory. Throughout the book are numerous "practical demonstrations" giving directions for the preparation of specimens, and the powers of the microscope to be used in their study and also calling attention to the salient features to be observed. This edition became necessary because of the advances of histology during the past ten years and also because of the increased demand for

laboratory work. The text has been thoroughly revised and brought up to date, involving the addition of enough new material to increase the number of pages from 214 to 259. The illustrations have also been increased in number from 126 to 158, besides many of the old being replaced by new. All are clearer than those in the second edition. The book is also better printed on better paper and better bound than was the old. It is divided into three parts: I. Technology; II. Structural elements; III. Organs.

The first part consists of two sub-heads (1) The laboratory microscope; (2) Preparation of tissue for microscopical purposes.

The description of the microscope and directions for its use could be improved by more elaborate details. The preparation of tissue includes teasing, sectioning, fixing, hardening, embedding (both paraffin and celloidin) staining, mounting and ends with a paragraph on the care of the microscope. Some of the methods of section-cutting are now we believe little used, but the directions for hardening, embedding, staining and mounting are only those most approved and generally applicable. These are made still more useful by frequent reference throughout the book. The directions for staining are particularly clear.

Part second, structural elements, beginning with the preliminary study of extraneous substance and the like, takes up the cell epithelium, fibrous connective tissue, cartilage, bone, special connective tissue, muscular tissue and blood. This last, especially well-written and greatly enlarged, is very opportune just now, initiating the beginner in the methods of blood examination, so important in diagnosis.

Part third, organs, consists of sections on skin, circulatory system, lymphatic system, spleen, thymus, respiratory organs, teeth, glands, alimentary canal, liver, kidney, female and male generative organs, suprarenal body, nervous system. These have all been carefully revised and some rewritten. The arrangement has also been much improved. The section on the nervous system has been entirely rewritten, making it one of the clearest preliminary surveys of this topic. This revision of Miller makes it one of the best books for its purpose on the market. For the student beginning the study of histology in the laboratory, or by himself, it is indispensable. By its use he will be able to take up understandingly the advanced study of the subject, but more particularly will he be prepared for pathology.

A. T. K., Jr.

THE PRINCIPLES AND PRACTICE OF HYDROTHERAPY. A Guide to the Application of Water in Disease. For Students and Practitioners of Medicine. By SIMON BARUCH, M. D., Visiting Physician to the J. Hood Wright (formerly Manhattan General) Hospital; Consulting Physician to the Montifiore Home for Chronic Invalids, etc., etc. With numerous illustrations. Octavo, pp. viii.—435. New York: William Wood & Co. 1898.

Dumoulin, the most celebrated physician of his time, as he lay upon his dying bed surrounded by his colleagues said: "Gentlemen—I leave behind me three most excellent physicians," each one

present expected to be one of the chosen three, but to their consternation he named "water, exercise and regimen." These remedial agents have stood the test through all the ages and through all the "pathies." Modern medicine is tending toward monotherapy and less drug giving, to more direct, more positive and satisfactory methods. This trend is notable among educated physicians and craved by the laity. This tendency opens a fertile field for the browsing of the charlatan and the quack. Hence we have the mind curists and the faith curists, the christian scientists and the osteopathists.

Simon Baruch, a master of his subject, has written a volume or text-book, setting forth the curative value of water as a remedial agent. Dr. Baruch, in his preface says: "This book is written by a general practitioner for the guidance of his colleagues," thus differing from all other works, upon the subject. "Hydrotherapy" represents his work in all branches of medicine for a third of a century, and data accumulated from observations in over 100,000 cases.

It has been said that one who could use opium well was already a good physician, and it might be added that one who knew well the therapeutic value of water would add greatly to his fame and success. Every practising physician should read and study this most excellent and useful work—one that does not follow the beaten paths of "text-bookism." B. H. D.

THE PRACTITIONER'S MANUAL. A condensed system of medical diagnosis and treatment. By CHARLES WARRENNE ALLEN, M. D., Consulting Genito-urinary Surgeon to the City (Charity) Hospital; Consulting Dermatologist to the Randall's Island Hospital; Attending Surgeon to the Good Samaritan Hospital, etc., etc. Octavo, pp. 85. New York: William Wood & Co. 1898.

This work presents to the medical profession a condensation of the practical features of text-books, manuals and monographs on medicine. It is alphabetically arranged, contains short dissertations upon most medical diseases, together with a great number of prescriptions specially collected from the most approved sources.

It affords the over-worked physician who must econimise time, an opportunity to get quick information on a subject that may be for the time being absorbing his thoughts. It begins with "abscess of the brain" and ends with "vertigo." A most complete index makes each and every subject readily accessible. It contains valuable hints as to diagnosis and treatment on almost every disease for which a physician may be consulted. It cannot take the place of text-books on medicine, nor of the several brochures thereof, neither does it aim to do so; but it affords a new way of utilising much that otherwise might escape observation and of getting at it quickly.

It cannot be denied that the market is overstocked with year-books, annuals and ready-reference volumes, all of which the profession is over solicited to purchase, but here is a unique practical book that cannot fail to prove of value to every purchaser.

MANUAL OF CHEMISTRY. A guide to lectures and laboratory work for beginners in chemistry. A text-book specially adapted for students of pharmacy and medicine. By W. SIMON, Ph. D., M. D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore; Professor of Chemistry in the Maryland College of Pharmacy. New (sixth) edition. In one 8vo volume of 532 pages, with forty-six engravings and eight colored plates, illustrating sixty-four of the most important chemical tests. Philadelphia and New York: Lea Brothers & Co., Publishers. 1898.

The last edition of this excellent manual appeared in 1895. That a new one is demanded within three years is evidence of its usefulness and of the hold it has secured upon teachers, for this is a department of medical science that cannot expect to sell its literature to students, unless it is endorsed and recommended by teachers. This edition follows the same general plan as the fifth, but it has been here and there freshened by such additions as the progress of the science has made necessary. The needs of the student are especially conserved in this work, and this applies equally to the student of pharmacy as of medicine. We know of no other work that so distinctly appeals to the necessities of these two classes of students or so pleasantly teaches the underlying principles of this so nearly exact, though often occult or dull, branch of medical science.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY. By W. S. PLAYFAIR, M. D., LL. D., F. R. C. P., Emeritus Professor of Obstetric Medicine in King's College, London; Examiner in Midwifery to the Universities of Cambridge and London. Seventh American from the ninth English edition. In one 8vo volume of 700 pages, with 207 engravings and seven full-page plates. Philadelphia and New York: Lea Brothers & Co., Publishers. 1898.

For more than twenty years Playfair's treatise on obstetrics has occupied a foremost position in the estimation of teachers and practitioners as well as students of midwifery. Sixteen editions have been put forth in this country and in England, which is evidence of its merit, and is a record that few medical books can boast and, as far as we remember, is unique in obstetrical literature.

This edition presents a complete revision of the text, many parts of which have been rewritten, thus bringing every department forward to the present period. New illustrations have also been added to keep pace with progress, and some obsolete cuts have been eliminated for like reasons.

Taken altogether, Playfair is one of the safest guides in the field of obstetrics and in its practical presentation of the subject commends itself alike to teachers, obstetricians and students.

TRANSACTIONS OF THE AMERICAN SURGICAL ASSOCIATION. Volume XVI. Edited by DE FOREST WILLARD, A. M., M. D., Ph. D., Recorder for the Association. Octavo, pp. xlii—318. Philadelphia: William J. Dornan, Printer. 1898.

This most excellent association again presents to the profession of medicine an interesting volume of transactions. A superb portrait of Dr. D. Hayes Agnew, is published as a frontispiece. A picture

of the D. Hayes Agnew memorial wing of the Pennsylvania Hospital is also published in this book. This building was erected at a cost of $175,000 and contains five departments—children's orthopedic, general surgical, gynecological, opthalmological and otological—besides dispensaries, laboratories, *x*-ray and photographic studios, sterilisation and instrument rooms, nurses' quarters, etc., etc. It contains 150 beds, has three clinical amphitheatres, seating from 125 to 275 students, and is fitted with the best devices for teaching and performing aseptic surgery. The Pennsylvania, though one of the oldest hospitals in the country, is made equal to the most modern by this splendid endowment.

The papers in the volume are up to the usual standard of this association, although the book is not quite as large as some of its predecessors. It should be in the hands of every surgeon.

MEDICAL DISEASES OF INFANCY AND CHILDHOOD. By DAWSON WILLIAMS, M. D., Physician to the East London Hospital for Children. In one 12mo volume of 629 pages, with eighteen illustrations. Philadelphia and New York: Lea Brothers & Co., Publishers. 1898.

The author presents in this volume a work on the diseases of children which, with the exception of its treatment of one subject, is very satisfactory. The book does not aim to be a complete treatise on diseases of children, but rather a manual of the medical diseases of childhood. The subject of pathology is but briefly discussed. In describing disease, the author draws a clear and accurate clinical picture, and it is for this clearness and accuracy in acquainting them with the various disorders of childhood that the young practitioners, for whom the book is chiefly intended, will especially value the work. The subject of treatment is well handled, being rational and modern and avoiding the inclusion of long lists of worthless remedies.

The exception to the general excellence of the work is found in the chapter devoted to infant feeding, which is altogether unsatisfactory. The only formula for modified milk given is the Meig's mixture, and this is found not in this chapter but in the appendix.

M. J. F.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, United States Army. Authors and Subjects. Second Series. Vol. III. C. CZYGAN. Washington: Government Printing Office. 1898.

This volume of 1,100 pages, includes 11,112 author-titles, representing 4,873 volumes and 10,690 pamphlets. It also contains 10,636 subject-titles of separate books and pamphlets and 34,314 titles of articles in periodicals. There are catalogued in it 677 medical portraits, under the heading, "Collection of portraits." The library now contains 127,938 bound volumes and 216,839 pamphlets. Dr. James C. Merrill, major and surgeon, U. S. Army, is the librarian, under whose direction this volume was prepared.

ACROMEGALY. An Essay to which was awarded the Boylston Prize of Harvard University for the year 1898. By GUY HINSDALE, A. M., M. D. Fellow of the College of Physicians of Philadelphia, and of the American Academy of Medicine; Member of the American Neurological and Climatological Associations; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases, and to the Presbyterian Hospital, Philadelphia. Detroit: Reprinted from *Medicine*, William M. Warren, Publisher. 1898.

The publication of this essay in book form will be received with pleasure by all workers in neurology and those who strive to keep abreast of general medical literature. It is a subject interesting to the osteologist, myologist, embryologist, as well as the neurologist, and Dr. Hinsdale has succeeded admirably in his prize-winning presentation of this disease. The essay is based on an analysis of 130 cases, which have been studied as originally published, with a bibliography of 377 references. Many full page illustrations are embodied in the essay and the whole subject is treated in an interesting and intelligible manner.

The essay was published in serial form in *Medicine* and is now put into book form in an attractive dress.

W. C. K.

CLINICAL LECTURES ON MENTAL DISEASES. By THOMAS S. CLOUSTON, M. D., Lecturer on Mental Diseases in the University of Edinburgh. New (fifth) edition. Crown 8vo, 750 pages, with nineteen full-page colored plates. Philadelphia and New York: Lea Brothers & Co., Publishers. 1898.

The appearance of a fifth edition of Clouston on mental diseases, shows that the work is fully appreciated in this country as well as in England and needs little introduction to medical readers. As the author rightfully says, the demand for it has absolved its author from any further explanation of its existence. Like the preceding editions it is published in lecture form, twenty in all, embracing the latest researches in general insanity, degeneration and mal-development of the brain. The present edition has been enriched with no less than nineteen full-page colored plates, showing the various pathological conditions of the diseased brain and also of its component parts, microscopic and macroscopic. As an authoritative statement of the best psychiatry, suitable alike for the general physician and the specialist, this volume has won the recognition implied in the demand for five successive editions. W. C. K.

THE REFRACTION OF THE EYE. A Manual for Students. By GUSTAVUS HARTRIDGE, F. R. C. S.; Senior Surgeon to the Royal Westminster Ophthalmic Hospital; Ophthalmic Surgeon and Lecturer on Ophthalmic Surgery to the Westminster Hospital, etc., etc. With 104 illustrations. Ninth edition. London: J. & A. Churchill, 7 Great Marlborough Street. 1898. Philadelphia: P. Blakiston's Son & Co.

This has been considered one of the standard works on refraction for a number of years in this country and England. The work is so well known it is unnecessary to go into extensive detail. The chapter on retinoscopy has been somewhat revised in this edition and

the author quotes quite extensively from an American authority on the subject. In myopia he advises a stronger glass than most oculists care to prescribe, the majority agreeing (as he acknowledges) with Landolt that a full correction tends to increase the myopia by putting extra work upon the ciliary muscle. In aid to the clearness, cases are referred to, illustrating the point that it is desired to bring out. He speaks favorably of Tweedy's optometer, an instrument little known in this country. Optometers are not in favor here among ophthalmologists, as no instrument of the sort has been devised which has eliminated the factor of possible ciliary spasm. Muscle testing is dealt with superficially and this is all the more surprising as the author refers to prisms, decentering of lenses, and the like. In the appendix is a table of English and French inches with the equivalent in dioptrics, small type and large, for testing near and distant vision, also Pray's test types for astigmatism.

R. H. S.

DISEASES OF WOMEN: A Manual of Gynecology. Designed especially for the use of students and general practitioners. By FRANCIS H. DAVENPORT, M. D., Assistant Professor of Gynecology in the Medical Department of Harvard University, Boston. New (third) revised and enlarged edition In one handsome 12mo volume of 387 pages, with 155 illustrations. Philadelphia and New York: Lea Brothers & Co.

This manual having progressed to its third edition its status appears to be fixed, and it remains for us merely to state the changes that have been made in this edition. The author has deemed it wise to include in this one surgical as well as nonsurgical methods of treatment, hence the scope of the manual has been enlarged in that direction. The book, however, does not pretend to aspire to the needs of the specialist, but modestly claims its originally chosen place among students and practitioners of medicine. Some of the old illustrations have been omitted and a few new pictures have been added, thus making it conform more nearly to the demands of the present time. All things considered, we regard this book entitled to a place in the foremost rank of works of its class.

BOOKS RECEIVED.

The Treatment of Wounds. Its Principles and Practice, General and Special. By L. S. Pilcher, A. M., M. D., Surgeon to the Methodist-Episcopal Hospital in New York, etc., etc. One volume, 8vo, 466 pages. Profusely illustrated. Muslin, $3.00 net. New York: William Wood & Co.

The Medical News Pocket Formulary for 1899. Containing 1,600 prescriptions representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, $1.50 net. Philadelphia and New York: Lea Brothers & Co., Publishers.

Saunders's Pocket Medical Formulary, with an Appendix. By William M. Powell, M. D., Author of Essentials of Diseases of Children; Associate Editor Annual Universal Medical Sciences, etc. Fifth edition, thoroughly revised. Price, $1.75 net. Philadelphia: W. B. Saunders. 1899.

A Text-Book of Mechano-Therapy (Massage and Medical Gymnastics.) Especially prepared for the use of medical students and trained nurses. By Axel V. Grafstrom, B. Sc., M. D., late Lieutenant in the Royal Swedish Army; late House Physician City Hospital, Blackwell's Island, New York. With eleven pen-and-ink sketches by the author. Price, $1.00. Philadelphia: W. B. Saunders. 1899.

The Practice of Obstetrics: By American Authors. Edited by Charles Jewett, M. D., Professor of Obstetrics in Long Island College Hospital, Brooklyn, N. Y. In one handsome 8vo volume of 736 pages, with 441 engravings in colors and black, and twenty-two full-page colored plates. Cloth, $5.00 net; leather, $6.00 net. Philadelphia and New York: Lea Brothers & Co., Publishers. 1899.

Annual and Analytical Cyclopedia of Practical Medicine. By Charles E. de M. Sajous, M. D., and 100 associate editors. Assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume II. Bromide of Ethyl to Diphtheria. Philadelphia, New York and Chicago: F. A. Davis Co. 1899.

Report of the Commissioner of Education for the Year 1896-97. Volume II. Containing Parts II. and III. Washington: Government Printing Office. 1898.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Volume XVII. Infectious Diseases and Malignant Neoplasms. New York: William Wood & Co. 1898.

Formulaire des Médicaments Nouveaux pour 1899, par H. Bocquillon-Limousin, pharmacien de 1re classe, lauréat de l'École de pharmacie de Paris. Introduction par le Dr. Huchard, médecin des hôpitaux. 1 vol. in-18 de 324 pages, cartonné. 3 fr. Paris: Librairie J. B. Baillière et Fils. 1899.

The American Year-Book of Medicine and Surgery. Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Collected and arranged with critical editorial comments by eminent American specialists and teachers. Under the general editorial charge of George M. Gould, M. D. Illustrated. Philadelphia: W. B. Saunders. 1899.

LITERARY NOTES.

THE *Archives Provinciales de Médicine*, under the editorship of Dr. Marcel Baudouin, made its first appearance in Paris, on January 1, 1899. It is modeled after the *Archives Provinciales de Chirurgie*, and is published monthly in fasicules of 64 to 80 pages with numerous illustrations and will be devoted exclusively to medical work, written in the French language. Under the editorship of Dr. Baudouin, one of the ablest of French medical editors, this new publication will be a success from the beginning.

IT IS with much pleasure that the JOURNAL announces the advent of *The Archives of Neurology and Psychopathology*, a handsome quarterly of 262 pages, published under the auspices of the New York State

Hospitals and the Pathological Institute, by permission of the state board in lunacy, under the presidency of Dr. P. M. Wise. The editors for the state hospitals are Drs. G. Alder Blumer, Charles W. Pilgrim and Selden H. Talcott; for the pathological institute, Drs. Ira Van Gieson, Boris Sides and Henderson B. Deady.

These archives are to supplant the state hospitals bulletins, which for the past two years have contained so many interesting and valuable contributions from the staffs of the different state hospitals. The *Archives* will contain studies on abnormal mental life and their neural concomitants, based on psychology, psychopathology, experimental physiology and pathology, cellular biology, pathological anatomy, comparative neurology, physiological chemistry, anthropology and bacteriology.

No. 1 contains a carefully prepared paper on nervous energy by Drs. Ira Van Gieson and Boris Sides, and a very able and interesting address on the Correlation of sciences in the investigation of nervous and mental diseases, by Dr. Ira Van Gieson.

The *Archives* will be published in one volume annually, issued in four numbers. The subscription price per volume is $3.00 (12 shillings, 12 marks or 15 francs.) The price of single numbers will vary with their contents. Subscriptions are payable to the Manager, Archives of Neurology and Psychopathology, State Hospitals Press, Utica, N. Y.

THE *Southern Medical Journal*, edited at LaGrange, N. C., and published at Kinston, in the same state, made its appearance in January. It is edited by Dr. J. W. P. Southwick, who says in his salutatory "that he hopes to have a larger subscription list—one that will be the cause of envy of journals much our superior in age." We sincerely trust that the editor's hopes may be realised.

THE *Kansas Medical Journal*, which has been published for the last ten years in Topeka, Kansas, has been discontinued and its former editor, Dr. W. E. McVey, will have editorial control of the *Medical Monograph*, a 150-page monthly, which will be published in the place of the *Kansas Medical Journal*.

MESSRS. LEA BROTHERS & Co., of Philadelphia, Pa., announce for publication in March, 1899, the first volume of *Progressive Medicine*, a new annual which will be issued in four handsome octavo, cloth bound and richly illustrated volumes of about 400 pages each. The several volumes will appear at intervals of three months. This new quarterly will be edited by Professor Hobart Amory Hare, M. D., with whom will be associated some of the foremost medical authorities of the present day. It will be a condensed summary of medical progress, and will possess the advantage of giving this information four times a year. The subscription price is $10. The publishers offer to send full descriptive circulars and sample pages to those applying for them.

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Original Communications.

OCULAR HYGIENE IN OUR PUBLIC SCHOOLS.[1]

BY BENJAMIN F. ROGERS, M. D., Buffalo, N. Y.,

Senior assistant-surgeon to the Charity Eye, Ear and Throat Hospital for Erie County, Fellow of Buffalo Academy of Medicine, Ophthalmological Society, etc.

IN THE statistics of our United States Educational report of the years 1896-'97, we find that there were in the various schools and colleges nearly 17,000,000 of pupils. Today we have in the City of Buffalo more than 72,000 pupils attending school—41,986 of this number in the public schools. About 23 per cent. of all school children have errors of refraction or other ocular troubles. A large percentage suffer from various forms of headache, vertigo and drowsiness—some, it may be observed, are very nervous, some have chorea, some one trouble and some another, nearly all, however, traceable to ocular defects.

Dr. Risley says "that great care should be exercised to avoid physical degeneracy during the years of school life, which are also the years of physiological growth. Observation has shown that a considerable percentage of those who enter upon the educational process in good health soon manifest impaired general vigor and develop eye troubles." It is plainly important, then, that the work in our schools should be so regulated that it shall rest as lightly as possible upon the young pupils. It is not the intention in presenting this paper to consider the subject of general hygiene, or to discuss ocular hygiene, further than to speak of those factors which have a more or less direct bearing upon the vision of school children. I therefore ask your attention for a few moments only to the nature and causes of impairment of vision during the years in the school-

1. Read before the Medical Society of the County of Erie, January 10, 1899.

room. It has been recognised for years that the requirements of school-life result in injury to the eyes of many children. In a number of cities some attention has been paid to the correction of errors of refraction of school children, yet we have not a well-defined and systematically applied plan of preventive measures existing in our schools. The correction of errors of refraction by the correct fitting of glasses to the eyes of such pupils as have trouble already existing should be one of the first measures to receive public attention. But you will agree with me that the ounce of prevention is to be applied by careful attention to the conditions surrounding the smaller pupils in the school-room. Here, in a multitude of cases, may be prevented the development of errors calling for glasses or complete debarment from study. From school reports of different cities I cannot find that a very great amount of work has been done in the city schools, except in a general way. In Germany the question has been studied in its most scientific bearings and the practical results applied in a systematic manner.

Dr. D. F. Lincalus says: "There is no hygienic point where the teacher can render more distinct service than in relation to the eyes of his pupils." The teacher realises that the eye is the *greatest* factor in education; not only in school but outside as well. Teachers have noticed that in many cases when efforts to draw the attention of pupils to their lessons have been fruitless, a defect in sight has been found, and this remedied, these scholars have kept pace with others."

Dr. Lee, before the American Academy of Medicine, in Philadelphia, in 1848, said: "Eyes originally sound are ruined in school by methods and conditions that are entirely avoidable."

Dr. Cohn, professor of ophthalmology in the University of Breslau, in 1865, examined the eyes of 10,060 school children. In his work on the Hygiene of the Eye in Schools, he says: "When I had begun my examination of the eyes of the Breslau school children, the question pressed itself upon me, how far may the old desks in our schools be answerable for the origin and development of school-sight?" To obtain an answer to this question he first of all measured the height of this vast number. He then measured the desks with reference to desk height (back and front), desk width, difference and distance between desk and form, between form and foot-board. He thus found that these desks were *opposed* to every reasonable hygienic requirement. Pupils three feet six inches and five feet two inches in height sat at the same desk. Apart from this fundamental

error he found the pupils, even when the desk was suited to their height, were forced to stoop forward and bring the eyes very close to the writing. That is just the way eye trouble (especially myopia) can be produced and increased.

"Ocular hygiene," says Morton, "largely resolves itself into a matter of eliminating all factors, about the pupil and his work, which cause strain, fatigue and congestion." These are the factors which excite trouble in eyes predisposed and develop trouble in normal eyes.

Some of our old school-rooms in this city are nothing more nor less than hot-beds for eye troubles—turnstiles for the emetropic ball to the hypermetropic ball, that over into the myopic ball. The principal abnormal conditions which we meet in the eyes of school children are the short-eye or hypermetropia, hypermetropia with astigmatism, and the long-eye or myopia—children with hypermetropia or hyperopic astigmatism, or both, I fit with glasses at once and have them come to my office at least once a month during the school session. The pupils with myopia, which is an acquired condition almost without exception, should be debarred from all reading and study for a time, suitable glasses, not too strong, should be adjusted and the oculist have full care and control of the eyes for at least a year or even during school-life. Myopia is called a disease, which cannot be cured and often cannot be arrested. Progressive myopia is in every case ominous of evil for the future, for if it continues the eye soon becomes less and less equal to its work. Many statistics could be brought forward to prove the last two or three statements, were it my intention to enter upon the critical study of myopia. The most dangerous to the eye are the four higher grades in our grammar schools, leading up to the high schools. It is there that myopia commences and increases. There you will find myops as you ascend the grades—32½ per cent. of the pupils wearing glasses in the high schools are myops.

Cohn, in his study of seating in its bearing upon myopia in the public schools, states: "That in every school the number of myopic pupils increased from grade to grade. He attributed this to improperly adjusted desks. The adjusting of each desk to the pupil occupying it and not the pupil to the desk is the important point. Extensive statistics of school examinations could be presented, but a few will suffice at this time. In Cohn's statistics the following progression in the percentage of myopia was shown in the various schools examined by him: Five village schools, 1.4 per

cent.; twenty elementary schools, 6.7 per cent.; two higher girls' schools, 7.7 per cent.; two intermediate schools, 10.3 per cent.; two Realschulen, 19 per cent.; two gymnasiums, 26.2 per cent. Among university students he found that the percentage of myopic eyes had advanced to 59.5 per cent. This shows conclusively that the number of short-sighted pupils increases from the lowest to the highest schools. My statistics of all the public schools of this city are not complete. However, nineteen of the largest schools in different parts of the city, with nearly 20,000 pupils, furnish us ample material for our percentages for all. We find 4 per cent. or 1,700 wearing glasses—19½ per cent. or 7,787 having some form of eye trouble, who should be examined at once, and if needing glasses, be advised of the fact as soon as possible. In school No. 3, or the Perry Street School, with a registration of 700, we find only three wearing glasses, while the principal, Professor Ryan, says: "We have many children whose eye-sight is poor, but who are unable to procure glasses."

School No. 31, or Emslie Street School, the largest public school in the city, with a registration of 2,650, sixty pupils wear glasses.

School No. 19, or West Avenue School, registration 1,089, we find eighteen in the primary department; sixteen in the intermediate department and seventeen in advanced department, A total of fifty-one wearing glasses.

School No. 45, or Auburn Avenue School. First grade omitted. Second grade, with registration 112, not any wear glasses; 21 need the examination on account of eye trouble. Third grade, registration 160, five wear glasses; 50 need the examination. Fourth grade, registration 114, 6 wear glasses; 36 need examination. Fifth grade, registration 122, 6 wear glasses; 37 need examination. Sixth grade, registration 111, 6 wear glasses; 15 need examination. Seventh grade, registration 93, 8 wear glasses, 37 need examination. Eighth grade, registration 65, 5 wear glasses; 38 need examination. Ninth grade, registration 70, 6 wear glasses; 22 need examination. Total registration, 847—40 wear glasses; eye trouble, 256.

Masten Park High School, registration 1,181—480 boys, 701 girls; 49 boys and 114 girls wear glasses—58 of this number wear myopic glasses or more than 35 per cent. Central High School, registration 863—105 pupils wear glasses; 29 of this number wear myopic glasses, or more than 27 per cent. 32½ per cent. is the average percentage wearing myopic glasses. 15 per cent., or

almost one-half of the average percentage ($32\frac{1}{2}$) wear a compound myopic glass. 13 per cent. of the total number in the high schools wear glasses. Lack of knowledge on the subject of ocular hygiene may be partly responsible for the condition prevailing in our schools. A few of many cases which have come under my observation afford illustration:

A lad, aged 12, from one of the public schools, came to my office accompanied by his mother. The mother stated that her boy would not go to school; that he complained of his eyes, that he could not see, and the like. She said that she had bought him a pair of good glasses on Elk street for fifty cents. The boy still insisted that he could not see to read and the mother still declared that he was trying to deceive her, giving as her reason for this belief that she could see all right herself and could not understand why the boy could not see. Upon examination I found his vision to be $\frac{2}{200}$; with the proper glass correcting his compound hyperopic astigmatism, his vision became $\frac{20}{20}$.

A young man, aged 17 years, commenced school at the age of 7 with normal vision. At the age of 13 years had to stop school on account of progressive myopia. His vision now is less than $\frac{2}{200}$. What did the mother of this boy do? She related the case to a traveling jeweler, who sold her a strong far-sighted glass for the boy, and she tried for two years to make him wear them.

A large percentage of children are entered without question as to the state of their vision, due in measure to want of time on the part of the teachers. Educators accept the important trust committed to them, not knowing whether the vision of the pupil is such as to endure his work in the school-room. Many parents do not know that the vision of their children is defective or may soon become so, and in consequence their health be endangered and their educational progress retarded. With these facts before us, what can and should be done in the way of ocular hygiene in the public schools; yes, all schools? The board of health, the superintendent of education, the teachers, the oculists, all physicians, the press—in fact, the general public should take up this subject and avoid as far as possible injuring the eyes and health of the pupils while carrying on their instruction in our schools. Popular education is demanded. Our first duty is to place specific guardianship over the pupils who enter upon their educational process with defective eyes; a more elastic curriculum should be provided for such pupils. A systematic method of inspection should be adopted and commenced at once in our schools, which will be effective in detecting the factors which are detrimental to the eyes. The eyes of each pupil should be examined

with the utmost care that the state of refraction may be ascertained and a record kept which, when needed for reference, would be strictly accurate in all statements of fact. In order to keep such a record a blank form should be used for noting all principal points of each case, viz., name, age, sex, color of eyes, whether eyes are comfortable or weak when used, the presence of any form of inflammation, corneal opacity or strasbismus; the sharpness of vision of each eye, as shown by Snellen's or some other standard test-type, the presence or absence of astigmatism and the range of accommodation. The eyes of all children should be tested before admission as pupils to the school. If the vision should prove to be much below the normal, the parents should be advised as to this condition and what should be done. Admission should not be granted until the pupil has sought professional counsel and presents a certificate to that effect. The same rule should apply to children with inflamed eyes, who should not be allowed in the school until a physician's certificate of the noninfectious nature of the disease has been presented. The common wash-basin, towel and comb should be abandoned entirely.

Can the teacher make this nonprofessional test? Yes. The teacher should be able to determine whether the pupil has normal vision or not. A chart of standard test letters, an astigmatic chart and a card of diamond type for the near-point, with simple instructions as to their use should be placed in each school-room. Can all parents of children with defective vision pay for an examination and for glasses? We have a great many pupils in our schools whose parents cannot pay for the examination required at the oculists' office, and who will not for various reasons avail themselves of relief at free institutions for such cases. Quite a number, however, of our school children suffering from headache or eye-strain do come to these institutions, and we know that the oculists who work there day after day, year in and year out, are more than willing to examine all worthy cases. At the Charity Eye and Ear and Throat Hospital, scarcely a day passes without several presenting themselves for examination for glasses. Some get their glasses at once, yet I have known others to delay from three to six months, and why? Because their parents could not pay for glasses. It is my judgment that, if there is money in the public crib for a speedway, surely some funds ought to be available to provide glasses for the child with defective vision, who is struggling through the precious hours of youth trying to fit himself for the responsibilities of life.

Then again, in our schools we find a certain number called "dull" or "backward," and why is it? Not all of these are drones, by any means. In one school there is a class of twenty-four pupils in one room selected from the different grades, sixteen of the twenty-four, or 66⅔ per cent., have headache most of the time. Ten, or more than 41 per cent., cannot read by artificial light. Is it not reasonable to believe that if this class of pupils could be examined for errors of refraction, we should find a large percentage needing glasses? I repeat, that school children needing glasses should be examined at once and the correct glass adjusted.

The application of ocular hygiene in the school room and to the pupils, in accordance with modern scientific methods, would go far to arrest the acquisition of near-sight and its attending pathological conditions. The factors demanding attention in the school rooms, which I will touch on very briefly, are: Light—quantity and quality—tinted walls, desks, artificial light, writing on black boards, excessive work, and length of school year.

Light.—This commences, of course, with location of school lot, its surroundings, the number and location of windows. Quantity and quality of light are modified by the color of walls and shades to the windows. Shades should be hung on the adjustable shade fixtures.

Tints.—Blue, gray or neutral tints are best for walls.

Desks.—Adjustable desks should be used and placed so that the light falling from the upper sash, when possible, will strike the desk over the pupil's left shoulder.

Artificial Light.—Artificial light is always a bad light for young eyes; school children with myopia or any form of eye-strain should not work or study by artificial light.

Writing on Black Boards.—The writing should be large and legible; if required to be read at fifteen feet, should be large enough to be read at thirty feet.

Excessive Work.—School hours should be carefully adjusted to the strength of the pupil. There should be frequent intervals during school hours for relaxation of the eyes.

Length of School Year.—There is no time gained for the pupil by school sessions the last half of the month of June and first half of September, the two most beautiful months of the year for out-door recreation. There is a wide opportunity for applying ocular hygiene in our schools. A great many unfavorable factors have been eliminated by way of architecture. If the graded system is to be continued,

there should be more and larger rooms. In some of the rooms the aisles between desks are only eleven inches, and sixty pupils in a room intended for only forty. Our superintendent of public instruction has lessened and is lessening the number of objectionable factors, yet, reviewed from the standpoint of ocular hygiene, there is plenty to do. I am greatly indebted for courtesies extended me by our superintendent of public instruction and by many of the principals and teachers of our schools, who have aided me materially. I trust I have demonstrated, though in a very imperfect way, how intimately connected the factors this paper has mentioned are with ocular troubles in our schools.

221 FRANKLIN STREET.

SCARLATINA.[1]

BY A. A. YOUNG, M. D., Newark, N. Y.

SCARLATINA cannot be regarded in any other light than that it is a communicable disease conveyed from person to person, though the "how or which" is yet to be determined.

That the disease is produced by the development of a previously existing bacillus seems rational for, by this method is life, as seen through material forms, reproduced, it is not conceivable that animated forms originate *de novo*. Taking this as a self-evident fact it is easy to infer that all bacterial diseases, especially the contagious ones, are the resultants of the developing specific bacillæ in the blood and that the ocular manifestations, such as the membrane of diphtheria, the eruptions of small-pox, scarlatina and the like are but the niduses of the fully developed bacillæ.

The simple presence of the fully developed bacillæ does not constitute disease; they first become active and start the processes of reproduction by depositing the germicidal vesicles or spores from which the bacillæ are to be developed, in some suitable culture medium of the body, and it is during their process of growth that pathological conditions are produced that constitute disease. If this theory be tenable then it is reasonable to direct our efforts toward the immunising of our patients, or to render inert and worthless such substances as are required for the development or growth of specific bacillæ. This has been accomplished in a few cases, the mos

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

notable of which is vaccination for the prevention of small-pox. That some diseases have been modified and shorn of their terrors by the immunising treatment can no longer be questioned by observant and thinking men; this treatment, then, seems to be the rational one so far as it can be practically and intelligently carried out.

In scarlatina, then, first comes nausea and vomiting, chills followed by high fever, which marks the onset of the disease, the beginning of bacillæ development; some time following this comes the peculiar eruption of the skin, which marks the time of completion and deposition of the fully developed bacillæ within these dermal patches and there they remain inert until a suitable menstruum be found in which they can complete another biological cycle; their destruction in and elimination from their home is to prevent in a measure a reinfection. Unfortunately, antiseptics administered internally are of little service, for what will destroy the developing bacillæ by contact is capable of destroying many elements on which human life depends.

The scarlatina bacillus yet remains to be positively demonstrated, but that such bacillus exists seems to admit of no doubt. Under our present knowledge we must watch and wait for its positive demonstration and be content with our empyrical and symptomatic treatment.

The condition of the digestive organs, as indicated by the appearance of the tongue, the deposit upon the tonsils, the high fever, the dry and itchy skin, followed by the peculiar rash, claim our attention in formulating a treatment, not the treatment, for this must be based upon a correct etiology and pathology. The specific germ must first be known, its methods of growth fully understood and a knowledge of the agent that will prove its destroyer must first be acquired before the disease can be successfully and intelligently treated.

The medicinal agents which seem to be indicated and which have served a good purpose, given cautiously, are the coal-tar derivatives, combined with pilocarpin, aconite and some of the simple bitter tonics. This treatment might be termed the eliminative one and of these agents pilocarpin may be regarded as par excellence; it will stimulate to action all of the excretory organs of the body with but little depressing influence as an after-effect. With the administration of a single dose, say one-fourth grain, as a rule there soon follows intense salivation and sweating, with marked increase of excretion of urine and as a result a rapid decline in temperature and a general feeling of relief. With the free use of this agent, which

covers a period of over fourteen years, the writer has yet to observe the first instance where it exerted a deleterious influence over the heart's action. It seems, therefore, that the prevalent opinion that it is a powerful heart depressant is based upon theory instead of practical observation. It is a drug that promises much as an eliminating agent in infectious fevers; it does its work by the process of elimination, either of the developing bacillæ or of the substances on which they feed; it may be a starving process.

So far as the coal-tar derivatives are concerned, they are administered for only one purpose, viz., to quiet cerebral disturbances over which in some unknown way they have a marked influence..

After the initial symptoms have subsided and temperature approaches the normal, further restorative measures are largely left to nature, which she manipulates well if left unhampered by active medicinal agents.

A word now concerning the diatetic treatment and a word covers almost the entire ground. At the onset the patient usually wants nothing save water, which should be given in abundance. Why burden the system with food, causing more work which means more waste of vital forces when to the patient food is actually repulsive?

The disease is self-limited; starvation cannot occur, though no food be taken during the entire run of this specific fever; follow out, therefore, the patient's wishes and desires; his nature knows best what he needs in this direction, knows best what is needed to supply the demand caused by scarlatinal wastefulness. It is not a case like the starvation of typhoid at convalescence, where the patient desires everything and anything, and human judgment must then interfere. The normal craving of the system is all we meet with, which is an index of what the supply should be. The present treatment, then, would to be one that would reduce the abnormal conditions to a minimum, after which following out the expectant plan—expect the patient to recover.

The final act, the period of desquamation, requires the most careful attention, for the propagation of the disease is largely, if not entirely, upon the spores existing in the exfoliated dermal patches. Thanks to the smoked-ham rind of our fathers, they builded better than they knew. The more modern therapeutic agents, carbolised oil and vaseline, are not the peers of their predecessors, the former having the more "penetrating" power, while the latter succeed better in hermetically sealing and preserving the vitality of the spores within their nidus—the scale.

Why use oils at all? There is a far better method theoretically, and one, the practice of which, indicates the theory to be a fact. In formaldehyde we seem to have the ideal germicide; this agent possesses hardening, penetrative and germicidal properties found in no other drug, which makes it especially valuable for sterilising the epithelial scales, which doubtless contain the germinal spores. It matters but little, then, whither they may drift, for from them similar life cannot spring without a new infection, and it is probable that the scales are so altered by the action of this agent upon them that they may never again become germ propagators. Formaldehyde approaches the ideal germicide and as such its use during the desquamative stage of scarlatina is markedly indicated, and is commended.

22 EAST MILLER STREET.

COLLES'S FRACTURE.[1]

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THE comparative frequency of fractures, according to compiled statistics, is misleading. It is impossible to obtain reports, excepting from hospitals or dispensaries, where only a fractional part of all cases apply for treatment. All will agree with me, however, when I state that Colles's fracture is the most frequent met with in general practice.

The simple manner of its occurrence may easily account for this frequency. The patient, walking on an icy sidewalk, suddenly loses his footing and falls heavily to the ground; instinctively he throws out his hand, in prone position, with palms spread, and extending backward, receiving the weight of his body upon the wrist in its most fixed position. The upper surfaces of scaphoid and semilunar are convex and closely fitted to the concave surface of the lower end of the radius. The firm support given by the carpal bones accounts for the fracture, which usually occurs within an inch or two of the articulating surface. That the fracture should take place at this particular point, it has been observed, "is probably due to the character of the internal structure of the bone in this situation. The expanded lower end of the radius is mostly cancellous, while the shaft which joins it possesses a greater amount of compact tissue."

1. Read before the Buffalo Academy of Medicine, December 6, 1898.

The lower end of the ulna, although attached to the radius by short and comparatively strong ligaments, has a space existing between its articulatin surface and the cuneiform bone, occupied by the triangular cartilage and its synovial sacs. The strong lateral ligament is attached to a depression in the styloid process. When the radius gives way the strain comes upon the lower end of the ulna, which, having no direct support from the carpal bones, becomes dislocated downward. The lateral ligament tears the tip off the styloid process, leaving a roughened and sharpened extremity, which lacerates the ligaments and surrounding tissues. If this were all that happened in Colles's fracture, the treatment would be simple and result more satisfactory.

An eminent anatomist has wisely observed: "It is of equal importance to remember that in all fractures, in whatever region they occur, the bones are not the only tissues which suffer from the injury. There is always accompanying the breach in the continuity of the bones more or less damage to the soft structures about them. The interosseus ligament and periosteum with their special vessels must be lacerated and although in one sense this is essential for the process of repair, yet it presents a factor which probably accounts for the frequent unsatisfactory results."

The structures frequently involved are the tendons and nerves. We have about the wrist twenty-four tendons, whose functions not only deal with the movements of the wrist, but especially with movements of fingers and thumbs. Since the tendons dealing with the movements of the fingers are arranged into groups and surrounded by lubricating sheaths, it is of special moment whether they suffer from any undue violence at or subsequent to the injury to the bones, and since movement of these tendons are not apt to displace the fragments, there is no reason why passive motion of them should be delayed.

The nerves about the wrist consist of comparatively large trunks or branches. One in particular has a ganglionic enlargement, the termination of the posterior interosseus, which lays beneath the muscles and rests in close proximity to the interosseus membrane and posterior surface of the wrist joint. The ulna nerve passes over the anterior surface of the bone and to the outer side of the joint where the head of the ulna presses forward, when it becomes dislocated. The median nerve passes between flexor sublimus and flexor profundus, while the anterior interosseus and radial nerves terminate more superficially. Besides these larger trunks cutaneous branches

supply the integument and they too are in evidence when neuritis happens to be one of the complications attending the treatment of Colles's fracture. The arrangement of the superficial veins, especially those on the dorsal part of the hand and wrist, marks another structure which must be taken into consideration in the treatment of injuries to the wrist. "They play a valuable part at nature's efforts at repair and should not be interfered with."

I have mentioned these anatomical points because I consider that the complications apt to arise in the course of the teatment of Colles's fracture are due not so much to the direct effect of the fracture itself as to the injury to the surrounding structures. At the time the fracture occurs these tissues may not be directly injured, and subsequently give much trouble, due possibly to the means taken to produce immobility of the fragments, that perfect union may ensue. Hence in our treatment we should remember the surrounding structures, if we would have ideal results.

In seeking to repair a Colles's fracture our efforts should be directed: (1) Toward a complete reduction of both fractured radius and dislocated ulna. So essential is this that if successfully accomplished the treatment is usually uncomplicated and the result all that one could desire. (2) The use of simple, but effective means to keep the fragments in apposition and to prevent a recurrence of the dislocation of the ulna, being careful always not to have any undue pressure to interfere with the return circulation. (3) Prevent adhesions of tendons by early passive motion of fingers, thumb and wrist. (4) Removal of the mechanical appliance as soon as practicable after the fragment has united.

In the treatment, then, the first question is, how is complete reduction of the fracture and dislocation best accomplished? For this purpose one assistant at least is necessary. With the assistant holding the upper part of the forearm firmly, the patient's elbow flexed and the hand in prone position, the surgeon stands facing the end of the patient's hand, he can then grasp the patient's wrist and make traction and forcible flexion, using his fingers to manipulate the fragments of the radius and replace the lower end of the ulna. If two assistants are at hand, better still, one can make traction and forcible flexion while the other holds the forearm, the surgeon being free to manipulate the fragments. If we fail to reduce the fracture properly, then I think an anesthetic should be administered. Reduction of the fracture and dislocation is the important step, and every

means should be employed even to the use of an anesthetic to accomplish this purpose.

The next step in the treatment is the use of a simple appliance to produce immobility. For this purpose I have found none more convenient than the anterior metallic splint, shaped to fit the hand in the flexed position. The third step in the treatment is to prevent adhesions of the tendons and ankylosis of the wrist, by early and frequent passive motion. Formerly it was thought necessary to retain the hand and wrist in a fixed position for several weeks before an attempt should be made to produce passive motion. Fortunately, opinion in this respect has undergone a radical change and at the present time it is more wisely taught that passive motion should begin not later than one week after the injury, and continue at regular intervals until the patient has fully recovered. I think Moullin's advice about passive motion is the safest to follow. He advises movements of the fingers from the first day, careful movement of the wrist from the fourth or fifth day. He also says: "But not uncommonly it is necessary to place the patient under an anesthetic and work every joint thoroughly before there is much improvement."

When shall we remove the splint? My experience has taught me it is best to remove the splint in most cases about the end of the third week. In this, however, the surgeon must be guided by the result. Occasionally he will find it necessary to retain the splint a week or so longer, and at times at the exhibition of unusual stiffness he may deem it more advisable to dispense with its use after two weeks. No set rule will fit every case as regards this matter, and we must be guided by conditions as we find them, keeping in mind always that our main object in the treatment of Colles's fracture is to obtain not only union without deformity, but also without stiffness.

Unfortunately Colles's fracture has its complications, and no matter how intelligently we may treat them we are bound to have some apparently bad results. Contributing to this not a little is the age and condition of the patient. For our own protection it is always wise to learn the true condition of the patient whenever called to treat injury to the bones. Especially is it well to note whether he suffers from any specific disease, or has he a tubercular history, or rheumatic or gouty diathesis. A true history as to how the accident occurred is also essential. Did he receive the injury by simply falling on a walk or from a considerable height, as from a building, or was it possibly due to direct violence by having a heavy weight fall upon the wrist. All this is necessary to determine the severity of the

injury and enable us not only to treat it with a corresponding care, but also to give a more accurate prognosis. Occasionally the patient suffers from a double Colles's fracture and it is a good practice to always examine both wrists. The ulna may have a compound dislocation. The question is how shall we treat it? Possibly if the head of the ulna is much injured it may be necessary to remove it. But with the cases I have seen, good results have followed by carefully rendering the lacerated tissues aseptic and returning the bone to its former position and closing with sutures. When the fracture is compound, it is usually due to direct violence and it is a difficult matter to render it aseptic on that account; still I think an effort should always be made to treat it in this manner. Until recently I have not had a case complicated with neuritis. But at the present time I have one such under observation. In the acute stage the patient suffered the most intense pain, the tissues became edematous, and passive motion was out of the question. With the administration of opiates I was partly enabled to subdue the pain, but it required unusually large doses, repeated every two hours, to enable the patient to obtain part of a night's rest. When the pain and swelling had somewhat subsided, I gave the patient chloroform and carefully used passive motion and was enabled in this way to break up adhesions, but as the patient objects to taking an anesthetic again, I watch him closely, to see that he moves his fingers and wrist, with the prospect of obtaining a fair result.

One distinctive feature about Colles's fracture is its location. It is before the patient's eyes, and where his friends and relatives can observe and note any existing deformity. It is for our especial interest therefore to give it every possible attention and never to treat it lightly, that our results may be a credit, not only to ourselves, but to our profession.

406 LOUISIANA STREET.

THE TREATMENT OF DIARRHEA BY DERMATOL.—Dr. Clemthal, of Helsingfors, has experimented upon the action of dermatol in sixty cases of diarrhea (related in the *Therapeutic Gazette*) dependent upon different causes, and in all of them obtained equally good results with those obtained by the use of opium and subnitrate of bismuth. The doses which he gave varied from four to seven grains, four to six times in twenty-four hours. In no case did he observe that the prolonged use of dermatol produced any inconvenient result.—*Maryland Medical Journal.*

THE EARLY DIAGNOSIS OF UTERINE CANCER.[1]

BASED ON TWENTY-FOUR CASES SEEN IN THE SERVICE OF DR. FREDERICK, AT THE BUFFALO WOMAN'S HOSPITAL.

By MAUDE J. FRYE, M. D., Buffalo, N. Y.

THE cases on which my paper is based are those which have come under my personal observation since my connection with the Buffalo Woman's Hospital, into which institution they had come for treatment. They include the cases which have been treated in the hospital during this time, a period of about twenty months, but not others which may have come for diagnosis, nor with one exception, those occurring in Dr. Frederick's practice outside the hospital. Before taking up the question of early diagnosis there are other points of interest connected with these cases which I wish to present.

The average age of the patient was approximately 51½ years. Seven were under 45, three under 40, the youngest being 34. The oldest patient was 68. Nineteen of the patients had borne children. Of the five nulliparous women it is interesting to note that cancer began in the cervix in three cases. One of these, however, gave a history of a miscarriage, at what month not stated.

The previous health of women developing cancer is usually good, contrasting forcibly with other gynecological cases. Five cases gave a history of cancer in the family, two of the mother, two of the sisters, one of the father. In eleven cases the cancer attacked the cervix, in ten of them being so far advanced when seen that the diagnosis was made macroscopically. Total hysterectomy was done in one case of cervical cancer, symptoms of which had been present five months, and the diagnosis of which was made by microscope. The growth returned and death of the patient followed within ten months of operation—an illustration of the extreme malignancy of some cases. A second case illustrates this even better. Seventeen months after an operation for double ovarian cyst, a patient presented herself for examination, symptoms of trouble having been present for a month. On examination an inoperable cancer, originating apparently in the cervix, but infiltrating the body, was found.

The majority of cases of cancer of the cervix were too far advanced for anything but palliative treatment. Amputation was

1. Read before the Physician's League, October 31, 1898.

done four times, one of these cases being reported well after fifteen months. Eleven cases were of cancer of the endometrium. In nine of these cases total hysterectomy was done. One patient died one week after operation of septic peritonitis, caused by infection of the peritoneum through the accidental opening of the uterine cavity during operation. A second patient has died of a return of the cancer, a third, though still alive, is suffering from a return. Three are well after periods ranging from ten to fourteen months. The others are so recent that it is too early to speak of results. In one case of endometrial cancer the operation was begun, but the patient not bearing the anesthetic well, it was discontinued after the tying of one uterine and both ovarian arteries. This patient is well after eighteen months. In one case the cancer had returned in the vaginal scar, a total hysterectomy having been done at another hospital six months before. I have included in this list a case of multiple sarcoma, and one of lymphadenoma, which properly do not belong here. The former case was a woman of 42 years, mother of two children; previous health, fair; family history good. She had been ailing for six years, and during the last four years she had suffered from uterine hemorrhage. Previous to curetting no positive diagnosis was made. She requested the doctor while she was under the anesthetic to remove from the scalp two wens of considerable size. Curetting showed a suspicious growth in the endometrium. While under the anesthetic a lump of uncertain nature, attached to the sacrum, was made out. On cutting down upon one of the supposed wens, a malignant growth, leading down to and through the cranium, was discovered. The microscope completed the diagnosis of sarcoma.

The case of lymphadenoma has been included in those of cancer of the endometrium. It is one of those borderline cases shading into malignancy. Curetting having failed to relieve, total hysterectomy was done. The patient is now well, over a year after operation.

It is almost impossible to overstate the insidious nature of uterine cancer. The most constant early symptom, a bloody discharge from the vagina, is sometimes so slight as scarcely to attract the attention of the patient. If the cancer develops before the menopause any disturbance of menstruation is at once accounted for by the patient or her friends, in that universal explanation, "It's the change of life." The phenomena attributed by the female lay members of the community to the menopause would require a large volume for their description. On no subject of physiology is ignorance fraught with

such deplorable consequences. Teach every woman that any increase in the monthly flow at this time, or at any time, is abnormal, as is a longer duration than usual, nor should there be any show of blood between the periods. A woman at the menopause may normally skip one period or more and at the next menstruation flow to make up for the missed periods; anything more than this is pathological. It is not entirely, indeed it is hardly ever, the fault of the physician that cancer of the cervix is seen too late for operation.

In nineteen of the twenty-four cases here reported a vaginal discharge, usually stated as being distinctly bloody, was the first symptom noted. In one case this bloody discharge began during the woman's fifth pregnancy, at which time the malignant nature of the cause of the hemorrhage might carelessly be attributed to something else not so unusual. The patient came to the hospital nine months after the birth of her child, only to be told that temporary relief was all that could be given. One patient reported that the first symptom observed by her was an occasional blood-stain upon her clothing. She consulted her physician, who disregarded the symptoms until nearly or quite a year later. This scanty and occasional discharge of blood, with a moderate loss of flesh, were the only symptoms observed in her case during the thirteen months of the disease. Looking over the case histories, I find that this symptom varies from a scanty and occasional show to an almost constant bloody discharge. The flow is seldom excessive early in the history, as is the flow in fibroma. In one case loss of flesh had been noticed for one year, the discharge of blood for three months only. This patient was distinctly cachectic. In the second case the patient had been ailing for one year, but the uterine discharge had existed for one month only. Pain is the unusual early symptom. In one case of cancer of the cervix, the patient stated it to be the first thing noticed. Often in cancer of the endometrium it has not been noticed at all. Always it is late. When pain is observed in cancer of the uterus the cases are usually past help. Pain in cancer of the endometrium does not occur as a rule until the disease has spread beyond the uterus.

Diagnosis.—Cancer of the cervix, as usually seen, is easy of diagnosis. Cases are not often seen in which the help of the microscope is needed. The reason for this is that these cases usually occur before the menopause and the patient disregards her symptoms till late.

The following description of early cervical cancer is taken from Penrose:

When cancer begins in an erosion of a laceration, we find that the eroded surface bleeds more easily than in the nonmalignant condition, and is somewhat more elevated than the surrounding surface of the cervix. We may by palpation detect around the erosion a more or less indurated edge, which is not felt around a benign erosion. The submucous structures of the cervix may feel brawny and indurated. If the erosion has become an ulcer, the indurated edges and the involvement of the deeper structures of the cervix are more marked. It must always be remembered that an ulcer of the cervix is very rare as a benign condition.

In the vegetating form of cancer of the cervix we may find small warty growths, or large cauliflower masses, or rounded or irregular protuberances, growing from the surface of the cervix. There is here also felt an induration around the base of the growth and throughout the cervix.

A very striking characteristic of cancerous growths of the cervix is their friability. The warty growths or cauliflower-like masses break off readily upon even gentle palpation and profuse bleeding often results.

When the disease begins immediately within the external os, this opening becomes enlarged, the cervical canal is destroyed, and there is presented the appearance of a deep conical excavation with ulcerated, unhealthy edges in the center of the vaginal cervix. When the disease begins still higher up, the cervical canal may be the seat of extensive destruction of tissue before any lesion is visible below the external os.

When the disease begins in the racemose glands of the cervix, the nodules may be felt beneath the mucous membrane of the vaginal aspect of the cervix. The whole cervix is usually indurated and somewhat enlarged. The mucous membrane overlying the nodule may appear congested, and upon palpation it is found that the underlying mucous membrane does not glide readily over the nodule, but seems to be more than normally adherent to the underlying structures.

In all forms of cancer of the cervix there is present to a greater or less extent a general induration of the cervix. The elasticity or resiliency of the cervix is diminished or lost; this is shown not only by the sensation upon palpation, but by the fact that the cervix is not capable of dilatation, by tent or otherwise, as in the normal condition.

The diagnosis in a doubtful case may readily be established by excising a small piece of tissue and examining by microscope, a practice which is always followed at the Woman's Hospital.

Endometrial cancer oftenest develops in women past the menopause. When a woman past the menopause presents herself with a

history of an occasional scanty flow of blood, or possibly a constant bloody flow, often with no other symptoms, she is to be examined most carefully. Sometimes, happily, the cause of the trouble will be found external to the uterus, as for instance an abrasion of the mucous membrane at the entrance to the vagina. But should careful search discover no such cause, explain to the patient or her family the possible serious nature of the case, and insist on an examination under an anesthetic with the curette, to secure scrapings for microscopical examination. The ordinary vaginal examination in these cases of endometrial cancer reveals nothing in the early part of the disease. The cervix is normal to sight and touch, the uterus not enlarged. In curetting a case of cancerous nature one obtains much more débris than in a case of ordinary endometritis, and to the initiated the diagnosis can almost be made without the microscope. Scrapings for examination should be preserved in a 1 per cent. solution of formalin.

Never be deceived by the apparent good health of these women into thinking that cancer is out of the question. They are often, indeed perhaps usually, women with every appearance of health, a fact which misleads them as well as their physicians. Many of these cases are treated for months and even for years before the true nature of the disease is suspected, and this by good physicians.

224 ALLEN STREET.

DISPOSAL OF REFUSE, GARBAGE AND SEWAGE IN CAMPS OF INSTRUCTION.[1]

BY EDWARD CLARK, M. D., Buffalo, N. Y.,
Ex-Member of the Committee on Disposal of Garbage and Refuse of the American Public Health Association.

WHEN people live in thinly populated countries, following as they then do an agricultural or nomadic life, they do not experience to any great degree the evil consequences resulting from the improper and unsanitary methods of the removal and disposal of refuse and excreta of man and animals. It is only when people are thickly gathered together as they are in cities, towns, military camps and garrisons, that the proper disposal of refuse, garbage and sewage becomes a matter of very great importance; it literally becomes a question of life and death and requires the exercise of no small amount of

1 Read at the regular meeting of the Buffalo Sanatory Club, December 14, 1898.

sanitary knowledge and engineering skill to properly solve the problem.

Next to an adequate supply of pure water perhaps no question is of greater importance to a camp or garrison than the sanitary disposition of its refuse and sewage.

Military engineers and medical health officers of the army of today are men of great skill and ability in their particular lines of work, and they have put into use and practice the most modern sanitary rules for the preservation of the health of the troops committed to their care, so that in every well-regulated and properly managed permanent military camp we find very great attention paid to the proper handling of refuse, garbage and sewage.

The great advances made in the last few decades in our knowledge of hygiene and bacteriology has resulted in a great decrease in the death-rate from those diseases that are caused by bad sanitary surroundings, so that we now see a striking contrast in the health of the soldier of today as compared with that of a soldier of a few centuries ago, especially in the middle ages, when no doubt to the barbarous and inefficient methods employed for the removal of the refuse and excreta of man and animals could be traced those frightful ravages of epidemic disease which decimated their ranks.

There is no doubt that even in our own time, many of the fevers of so-called malarial and typhoid character which prevail in military camps are due to a lack of proper attention to this great and all-important subject. Every physician who lays claim to even a small amount of sanitary knowledge, knows that the best authorities of today hold that the specific germ of fevers of the malarial type, "the plasmodium malariæ," is generated by the decomposition of organic material in the soil when the proper amount of heat and moisture are present.

As soldiers in camp suffer much from diseases of this type, it behooves us to lessen their occurrence by preventing a contamination of the soil in and about the camps with organic matter of any kind, and this can only be done by paying strict attention to the sanitary disposal of sewage, garbage and refuse matter of every description.

First, a few words as to the gathering and removal from the camp of refuse and garbage, and under the head of "refuse" I want to include the litter and manure from horses and other animals kept in and about the camp. All this material should be kept in water-tight, covered receptacles, and removed from the camp every morning. The garbage, especially, should be kept in covered cans made of

galvanized iron. Before these cans are brought back to the camp they should be thoroughly washed and treated with a disinfectant fluid. All this is necessary to reduce to a minimum the number of flies which are known to be such an important factor in carrying and spreading infectious and contagious diseases.

The place of disposal of refuse and garbage should be at some distance outside of the camp. The wagons or carts in which refuse and garbage are removed from the camps, should have water-tight iron boxes with covers, and after being unloaded they should be washed and thoroughly cleansed before being returned to the camp for further loading.

Various methods can be employed for the ultimate disposal of this garbage and refuse, but I shall speak of all but two of them, only in terms of condemnation. One of the methods which I wish especially to condemn is the practice which I am informed prevailed in some of the camps of mobilisation in this country during the recent war with Spain—that is, allowing the cooks to sell garbage for feeding purposes to irresponsible parties, who would gather it and cart it away from camp in vehicles constructed without any regard to cleanliness or sanitation. This practice cannot be too strongly condemned. This whole business of gathering and disposing of the refuse and garbage in camps should be carried on under the direction of the medical health officer in charge. Another method to be condemned is that of burying the garbage in the immediate vicinity of the camp; and another, that of spreading it upon the surface of the ground near the camp, to be removed when dried. These are dangerous procedures, and no doubt aid greatly in the production of diseases of malarial type, besides vastly increasing the number of flies, which even with the greatest possible precautions are always very numerous in and about a military camp.

For the ultimate disposal of this refuse and garbage only two methods will be considered: First, that of cremation; second, that of extraction. The first method, that of cremation, implies the total destruction of the refuse by fire. The second, that of extraction, implies a saving of the resultant product, which may be used as a fertilizer.

It is hardly worth while to use the extractive method for the treatment of refuse and garbage of a military camp, for the reason that this method can be economically employed only where there is a large amount of material to be disposed of, as in the case of large cities, since the machinery and apparatus required for the process is

very expensive. Furthermore, the best practical results can be obtained by the extractive method only where garbage proper, free from refuse of all kinds, is handled. The garbage and refuse from a military camp would be of a mixed nature, for the destruction of which we must look to cremation as the best possible method.

Different styles of crematories are in use, and I may mention that those of the Mann, Rider & Engel patterns that are in operation in many places, and so far as I can learn, are doing their work satisfactorily. As to time required for construction, it would seem that a crematory could be built in at least thirty days, but, of course, the time required would be influenced somewhat by local conditions, shipment facilities, and the like.

An important question is that which relates to the primary cost of construction. It is impossible to give a definite answer to this query, "for the reason that cost must depend very largely upon availability of materials, command of skilled labor" and the size and capacity of the furnace demanded.

The cost of operation after the furnace is constructed is also of great importance. In estimating this, we must also take into consideration location and available fuel supply. Economical management of the furnace and the class of garbage to be disposed of will also influence the matter to a considerable extent.

The Mann furnace, in Montreal, disposed of miscellaneous refuse, excluding night soil, at 25 cents per ton; this low rate would probably not obtain in a plant on a small scale, such as would be nccessary in a camp of instruction. The Engel crematory, in Milwaukee, is said to have disposed of a mixed refuse for 19 cents per ton.

It would seem, however, that the question of cost is not the important one, for "if it shall be determined that the paramount object of the destruction of garbage and refuse is to kill the microörganisms which produce disease, then the expenditure of any amount of money, however great, must not stand in the way of accomplishing this result."

DISPOSAL OF SEWAGE.

The introduction of an abundant water supply in a military camp is, of course, followed by more or less lavish use of water for domestic purposes, which necessitates a system of sewers for carrying off liquid wastes and human excreta. These sewers must have an outlet, and the proper sanitary disposal of their ejected contents presents for solution a sanitary problem of grave consequences.

The people of the country are awake to the fact that the purity of lakes and streams must be preserved, so that in many states of the Union today, legislative enactments have been secured looking to this much-desired end.

No municipality, village or military camp has any right to allow its wastes to pollute the soil, air or water of any other community. It would be well if an arbitrary law universally prevailed that compelled every community to destroy its own wastes within its own precincts, and not to pass on to its neighbors anything that is contaminated. I am quite certain that I do not exaggerate when I say this end can be accomplished.

There are two methods of sanitary sewage disposal, either of which I think would be eminently fit for adoption and use in a permanent military camp, viz., the method of purification by bacterial oxidation, and the method of chemical treatment, precipitation and sedimentation.

The method of purification by bacterial oxidation was first described and put into practical use by the late Col. George E. Waring. The modus operandi of this process is familiar to all sanitarians, but those who desire to study the subject in detail can procure pamphlets descriptive of the method by addressing the D. A. Tompkins Co., engineers and contractors, of Charlotte, N. C.

I am informed that plants for the treatment of sewage by bacterial oxidation are in successful operation at Willow Grove Park, Pa.; Holmwood Park, Brooklyn; Tuxedo Park, and at the Western House of Refuge for Women, at Albion, N. Y. The plant at the last named place was constructed under the supervision of Messrs. Guthrie & Rockwood, engineers, of this city, at a cost of about $6,000, and I am informed that it will take care of about 50,000 gallons of sewage daily.

From what I can learn of this method, I should consider it a very desirable one for adoption in a permanent military camp. The greatest outlay, of course, would be for primary construction, as, after the plant is completed, the cost for maintenance and labor to operate it is very small.

The treatment of sewage by precipitation and sedimentation has proven a success at Coney Island, N. Y., Round Lake, N. Y., the Soldiers' Home at Bath, N. Y., and at Echota, N. Y. In an article written by Dr. Geo H. Raymond, professor of physiology and sanitary science, at the Long Island College Hospital, he says of this method of sewage disposal: "In presenting to you, therefore, a description

of this method of sewage treatment, I am not inviting you to consider a method which exists only in theory, but one which has stood the test of time, and whenever used has given entire satisfaction."

I need not describe the method in detail, as it is familiar to all sanitary officers and engineers who have paid much attention to this subject.

The disinfecting and discharging apparatus is operated automatically by the sewage itself, and it makes no difference whether the tanks are discharged once a week or once an hour. The only objection that can possibly be urged against this method is that the process is considered expensive. It has been demonstrated that the cost of treating chemically 1,000 gallons of sewage is 6 cents; if we allow fifty gallons of sewage a day per capita, which is, I think, a very liberal allowance, it will be seen that the cost for treating the sewage from each individual would be $1.10 per annum, or about one-third of a cent per day; this of course, is the cost of treatment after the plant is completed.

If some of the chemicals used in the process, chlorine, lime, iron, and the like could be recovered, the cost would be very materially reduced, and I think we are safe in saying that in a camp containing from 10,000 to 20,000 troops, the expense for treatment could be reduced to at least 5 cents per 1,000 gallons.

The following claims have been made for this method of sewage treatment, and it would seem that they have all been substantiated:

1. Concentration. The processes of chemical purification for a large town can be carried on in a building 50 x 100 feet or less.

2. Absolute control of all effluvium, which is so thoroughly destroyed by the chemical processes used, that the interior of the building can be kept entirely free from all sewage odors.

3. Economy in operation, the chemical treatment being largely automatic, so that all the labor required would be one man to superintend the works, and the temporary help of two men for one day per week to remove the sludge.

4. Convenience. The sludge can be made innocuous and inoffensive before removal, so that it can be removed in open carts or stored in the neighborhood. It resembles peat in appearance and has no odor.

5. Immunity from infection. The disinfection of the sewage can be carried far enough, thoroughly to kill all pathogenic organisms so that all danger of infection is removed.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

By WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Women Physicians—History of Homeopathy—Medical Officers of the Civil War—Individual Members of the Profession.

[*Continued from the February edition.*]

VII.—Medical Officers in the Civil War and the War with Spain.

Buffalo and Erie county contributed liberally to the medical staff of the army and navy during the civil war.

Dr. Charles H. Wilcox was commissioned surgeon of the 21st Regiment, May 15, 1861. He was the first physician to offer his services from Erie county, and was one of the ablest medical officers that went into the field from this region. He served until November 7, 1862, when he died of a disease contracted in the field with the Army of the Potomac.

Dr. Joseph A. Peters, son of the Hon. T. C. Peters, of Darien, Genesee county, was commissioned assistant surgeon of the 21st Regiment, May 15, 1861. He was appointed surgeon of the 6th Regiment, New York Cavalry, November 7, 1862. He retired from service before the regiment's time expired, and returned to Buffalo, where he engaged in practice. He afterward removed to the west and died at St. Louis.

Lucien Damainville, a student of Professor Frank Hastings Hamilton, was appointed assistant surgeon in the 31st New York Regiment at its organisation. He afterward became surgeon of the same regiment. He died at New York City, December 15, 1891.

Aaron J. Steele was commissioned assistant surgeon of the 26th New York Regiment, and soon after the expiration of his term of service located at St. Louis, where he now resides, and is engaged in teaching and practising orthopedic surgery.

Charles K. Winne, son of Dr. Charles Winne, was commissioned assistant surgeon in the United States Army in 1861, and is now a surgeon in the army still in active service.

Samuel D. Flagg was appointed assistant surgeon U. S. Navy in 1861.

Newton L. Bates was commissioned assistant surgeon United States Navy in 1861, and finally rose to the rank of Surgeon-General. He died while holding this office at Washington, D. C., October 18, 1898.

Ira C. Whitehead was appointed a surgeon in the Revenue Cutter service in 1861, and assigned to duty on board the "Vixen."

William Warren Potter was commissioned assistant surgeon of the 49th New York Regiment, September 16, 1861; surgeon of the 57th New York Regiment, December 16, 1862; served with the Army of the Potomac in the field until the close of the war, when he was brevetted Lieutenant-colonel of the United States Volunteers for "faithful and meritorious service." He is now engaged in practice at Buffalo and is editor of the BUFFALO MEDICAL JOURNAL.

CHARLES H. WILCOX, M. D.,
Surgeon 21st N. Y. Volunteers.

Sanford B. Hunt was appointed surgeon United States Volunteers in 1862, was assigned to the charge of convalescent camp near Alexandra, Va., in 1863, was an active surgeon in the field and at the end of the war compiled a military history of the United States sanitary commission. He died April 26, 1884, and was buried at Forest Lawn, Buffalo.

Albert J. Meyer was commissioned assistant surgeon United States army in 1853, invented a code of military signals, and was placed at the head of the signal bureau with the rank of Colonel in 1862; Brevet-Brigadier General at the end of the war, and later established the weather signal service. He died August 24, 1880, and his remains were interred at Forest Lawn, Buffalo.

E. P. Gray was appointed surgeon of the 100th New York Regiment, but did not take the field with that command. He afterward

served as surgeon of the 78th New York Regiment, to which he was appointed February 11, 1862, and was discharged from service September 30, 1864. He died at St. Joseph, Mo., August 9, 1872.

Elias L. Bissell was commissioned assistant surgeon of the 44th Regiment, August 29, 1861, and served with the regiment in the field until November 20, 1862, when he was discharged. He was commissioned as surgeon of the 22d New York Infantry, December 5, 1862, and mustered out with his regiment June 19, 1863. He is now engaged in medical practice in Buffalo.

James W. Casey was commissioned assistant surgeon of the 105th New York Regiment, April 10, 1862, and was mustered out upon consolidation of the regiment, March 17, 1863.

William H. Butler served first as assistant surgeon of the 16th Regiment Michigan Volunteers, and afterward as acting assistant surgeon United States Army. In the latter capacity he was assigned to duty at Armory Square hospital, Washington, D. C., where he died February 5, 1864.

Sylvester Rankin was commissioned assistant surgeon in New Mexico Volunteers early in the war, but we have been unable to trace his service.

Heman P. Babcock was appointed assistant surgeon United States navy, and after the war was obliged to reside in California on account of his health. He died at Buffalo, December 27, 1877.

Chancey B. Hutchins was commissioned surgeon of the 116th Regiment, September 8, 1862, and was mustered out with his regiment June 8, 1865. Uri C. Lynde was commissioned surgeon of the 116th Regiment, September 8, 1862, and resigned October 12, 1863. Dr. Lynde is practising at Buffalo. M. E. Shaw was commissioned assistant surgeon of the 89th New York Infantry, December 10, 1862, and resigned October 11, 1863; appointed assistant surgeon of the 116th Regiment, March 12, 1864, and was mustered out of service with his regiment June 8, 1865. He was appointed an assistant surgeon United States Army and died October 11, 1867, on his way to join his command.

William D. Murray was commissioned assistant surgeon of the 100th Regiment, February 7, 1862, and discharged July 6, 1864. He located at Tonawanda, where he continued in practice for many years.

Frank Hastings Hamilton was commissioned surgeon of the 31st Regiment, May 25, 1861; was appointed surgeon United States Volunteers, September 1, 1861, and afterward was assigned to

duty as medical director of the 4th Army Corps. After the war he taught and practised surgery in New York until his death, August 11, 1886.

William H. Gail in 1862 was appointed a medical cadet, United States Army and served as such in Stanton Hospital at Washington, D. C. He was commissioned assistant surgeon in the 18th Regiment, New York Cavalry, February 3, 1864, and resigned February 14, 1865. He was then appointed an acting assistant surgeon in the United States Army. He is now in active practice at East Aurora.

Carey W. Howe was commissioned assistant surgeon of the 116th New York Regiment, September, 1862, and resigned January 6, 1863. He is engaged in the practice of medicine at Buffalo.

Nehemiah Osborne served in a medical capacity during the civil war, but we have been unable to ascertain its nature. He died at Buffalo,———, 1896.

Justin G. Thompson was commissioned surgeon of the 77th Regiment, December 16, 1864, and was mustered out with his command June 27, 1865. He is now practising medicine at Angola.

S. S. Greene served as assistant surgeon in the United States Navy during a portion of the war, but in 1875 located at Buffalo, where he is still engaged in the practice of his profession.

The American-Spanish War.

The 65th Regiment N. Y. National Guard volunteered its services for this war and left Buffalo for Camp Black, L. I., May 1. 1898. The medical officers were: Major A. H. Briggs, surgeon, and Captains Harry Mead and E. L. Ruffner, assistant surgeons. These officers were mustered into the service of the United States at Camp Black, and on May 18th the regiment proceeded to Camp Alger, Va. It remained at this station until September 5, 1898, when it returned to Buffalo and a month later was mustered out of the service. It is proper to add that two Buffalo physicians were commissioned as battalion majors in the 65th—Drs. Eugene A. Smith and J. D. Howland.

All these physicians returned to Buffalo with the regiment, serving continuously from the beginning until the end of the war.

During the summer of 1898, the 202d Regiment of Infantry, New York Volunteers, was organised at Buffalo, in which Dr.

Marshall Clinton was commissioned one of the assistant surgeons. This regiment is at the present writing still in service and is doing duty in the province of Pinar del Rio, Cuba.

In the early part of the war Dr. Francis T. Metcalf and C. Frank Bruso were appointed brigade surgeons. The former served on the hospital ship "Relief" and the latter was assigned to duty at Chicka-

O. O. HICKS, H. C.

MAJOR BRIGGS. CAPT. MEAD. CAPT. RUFFNER.

MEDICAL STAFF, 65TH REGIMENT, U. S. V.

mauga. Both have been mustered out, their services being no longer required.

The following-named physicians entered the service from Buffalo as acting assistant surgeons, to-wit: Edward J. Meyer, Ira C. Brown, Francis T. Metcalfe, John E. Bacon, Nelson W. Wilson, George W. Pattison, H. H. Bradley, John H. Grant, Vertner Kennerson, Julius Ullman, J. N. Goltra, Harold W. Cowper, Charles W. Farr, W. T. Tanner, Charles A. Andrews. Drs. Brown and Metcalfe were subsequently promoted to be brigade surgeons.

(*Continued next month.*)

CAMP SEWERS.[1]

By MAJOR C. E. P. BABCOCK,
65th N. Y. V., Buffalo.

YOUR program has very properly divided or placed the subject of sewers under one head, and the disposal of sewage under another, which leaves very little to be said on the construction of sewers. There need be no argument as to the advisability of a permanent camp being properly sewered. I mean sewers being systematically built to carry everything from the kitchen and other sinks. With modern conveniences, such as the use of tiles of different sizes, the matter becomes a very simple one. The expense of construction in any ground available for a camp site would be small. For a 6-inch sewer from 23 to 30 cents per lineal foot; 9-inch, from 32 to 40 cents; 12-inch, 43 to 50 cents, so that the cost need be hardly considered at all. Taking this diagram as typical (from Infantry Drill Regulations, see Lieut. Harris's paper in February number) for a regiment, the necessary sewers we have mentioned would cost about $1,000. In case the camps have improved floors, that is, hard material, such as asphaltum or granolithic, the sewers would probably have to be somewhat larger than where the surface drainage would not be carried into them. If the tents were provided with plank floors and the company and battalion streets graded, any fall of rain would take care of itself. But if we have improved roads through the camp and hard material for floors, I think the drainage could be taken up by the sewers on account of the collection of dirt on the floors of the tents. That would involve the necessity of making a main sewer a trifle larger at very slight expense. I think that for a camp of this size, located almost anywhere in this state, such a system could be constructed for about $1,000. The estimated cost, as shown on the large plan, is $974; as shown on small plan, $710. Should water be supplied at head of company street, add about $110 to each estimate.

THE PRESIDENT—Can you estimate the time required to construct such a sewer?

MAJOR BABCOCK—From the time the material and men arrived on the ground, I should think possibly four days. If the men of the regiment had among their number a few who could lay the tile as they were delivered, the rest of the work could be carried on very quickly, and the regiment could construct it in about two days, provided the quartermaster would furnish picks and shovels.

1. Stenographic report of remarks made at the regular meeting of the Buffalo Sanatory Club, December 14, 1898.

WATER SUPPLY.[1]

By LOUIS H. KNAPP,
Superintendent and Engineer, Buffalo City Water Works.

IT IS conceded that the selection of the camp has been intelligently and impartially determined upon by the board and the problem now is to supply the camp or camps with a sufficient quantity of pure water for their use and convenience.

The source of supply.—If the supply is to be taken from a running stream, the source of the supply should be above all possible contamination, such as fords for crossing the stream and places for watering horses, bathing, and the like. This source should be properly guarded to prevent any possible contamination, for no more important problem connected with the sanitary welfare of the camp can arise than that of the purity of its water supply. Upon the healthfulness of the water depends, in a large measure, the health of its occupants and their good health is one of the most important factors toward a successful campaign.

Conveying the water directly to the camp is solely a matter of convenience and not one of necessity. The important factor is a source of supply that is uncontaminated. This source when found can be almost any distance from the camp. The intake can be located in the stream, if of sufficient depth, or a dam can be constructed so as to impound the water, to make a sufficient depth. Where the soil is of a porous nature a well dug on the bank of the stream, so that the water can filter through the sand and gravel into it, makes a perfect supply. At this point a small pump is placed and the water conveyed to the camp through proper pipes. The pump is small and can be conveniently transported. The supply pipes are of wrought iron with screwed joints, and being light can be conveniently handled and put in place by a detail of men that can be selected from any regiment. The depth of the pipe to be sufficient, say five feet, to protect them from injury from the surface heat of the ground or from frost.

The placing of the pump and laying the pipe to the camp should not require more than twenty-four hours when the supply of water is immediately available. This introduction of water should be followed immediately by the erection of a cypress tank or tanks of sufficient capacity[2] and elevation and at a desirable location to act as a reser-

1. Read at the regular meeting of the Buffalo Sanatory Club, December 14, 1898.

2. The staves of the tanks should be properly marked for convenience of erection and if found advisable a large tree can be conveniently employed for the partial support of the tank.

voir, so that all the taps in the camp will have a good supply if they were all opened at the same time. The water pressure should be about thirty pounds per square inch. If it is less it will result in an unnecessary waste of time in procuring the supply, and if of a greater pressure will result in an unnecessary waste of water.

Next to a clear running stream as a source of a water supply is a spring of sufficient capacity. When a stream or spring is not available for the supply, driven wells can be resorted to, the number and size of the wells depending entirely upon the quantity of water required, the area of the water shed, the water-bearing capacity of the porous material through which the water is drawn or flows.

The force required to operate the pumps will generally be found to be steam generated from a portable boiler on wheels, using fuel that is immediately available.

Wind mills have been successfully used in certain localities. The storage tanks then should be greater to provide for the uncertainty of the power at all times.

Hydraulic rams can be used where the fall is sufficient to supply the power to raise the water into the tanks.

Electricity can be profitably used as a motor when the power is available, generally near a large city.

A liberal allowance for all necessary uses about the camp would be about forty gallons per day per capita, or 50,000 gallons per day for each regiment occupying the camp.

The water distribution of a regimental camp should consist of seventeen taps and located as follows: One tap at each company's street, four in each battalion, or twelve in each regiment, and one each at the regimental quartermaster's office, mess, hospital, guard tents and stables. Total, seventeen.

Dimensions for Pump.

	DUPLEX PUMP			PIPES			
	Steam.	Water.	Stroke.	Steam	Exhaust.	Suction.	Supply.
Regiment	5¼″	3½″	5″	¾″	1¼″	2½″	2″
Brigade	8″	5″	10″	1½″	2″	5″	4″
Division	10″	8½″	12″	2″	2½″	7″	6″

One tank, capacity 50,000 gallons, for each regiment. Supply pipes from four inches to six inches in diameter.

The estimated cost for the source of supply, 1,000 yards from the camp: For regiment, $4,000; for brigade, $6,500; for division, $12,000.

Cost of operating, consisting of fuel oil, attendance and repairs per day: For regiment, $10.00; for brigade, $20.00; for division, $60.00.

Society Proceedings.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

REPORTED BY F. C. GRAM, M. D., Secretary.

A SPECIAL meeting of the Medical Society of the County of Erie was held at the Fitch Institute, at 10 a. m., January 23, 1899.

The President, Dr. J. B. COAKLEY, stated that the purpose of the meeting was to take official cognisance of the death of Dr. A. H. Crawford.

The following memorial was then presented by Dr. U. C. Lynde:

WHEREAS, Dr. Albert H. Crawford, after a life of professional usefulness, has met the universal fate of mankind; and

WHEREAS, In his long membership in the Erie County Medical Society he never, intentionally, violated its laws, either in his relation to the Society or its individual members; and

WHEREAS, He was ever careful and watchful of the best interests of his patients; and

WHEREAS, When sick, weak and emaciated, when he must have known the sands of life were about exhausted, he like a brave soldier in the line of his duty, heroically continued his labor until at last he fell mortally wounded; therefore

Resolved, That this Society in the death of Dr. Albert H. Crawford recognises the loss of one of its oldest and most intelligent members.

Resolved, That we commend his example to this Society and the profession generally; and that we extend to his wife and children our sympathy on this, the saddest of human events.

Resolved, That this Society as a tribute to his memory attend his funeral services in a body.

Remarks were made by the members present, whereupon the memorial was adopted and all proceeded to pay their last respects to the dead.

AT AARGAN, in Baden, some recent excavations have disclosed an ancient Roman military hospital containing remains of all sorts of medical and pharmaceutical appliances, together with numerous crude surgical appliances.—*Medical Age.*

Progress in Medical Science.

MEDICINE.

CONDUCTED BY ALBERT T. LYTLE, M. D., Buffalo, N. Y.

DIPHTHERIA ANTITOXIN.

D. C. MORIARTA (*N. Y. Med. Jour.*), in a paper on diphtheria antitoxin, read before the Medical Society of Saratoga Springs, N. Y., concludes as follows: After analysing a series of 207 cases, (*a*) Diphtheria antitoxin (*per se*) is harmless; (*b*) Diphtheria antitoxin is practically a specific in diphtheria; (*c*) Diphtheria antitoxin is the rational treatment for diphtheria; (*d*) Diphtheria antitoxin must be used early; (*e*) Diphtheria antitoxin must be used in full dose; (*f*) It is necessary to have a reliable product; (*g*) Intubation is an essential associate of antitoxin in laryngeal cases; (*h*) There is no case so far advanced that antitoxin should not be used; (*i*) We should not wait for the report of the bacteriologist, but use it promptly on clinical grounds; (*j*) It must not be the last resort, nor can it be of much service in small doses.

TUBERCULAR BACILLI ON GRASSES.

MÖLLER (*Deutsche Med. Woch.*, No. 24,) reports discovering on grasses and in the feces of the domestic animals a bacillus resembling that of tuberculosis in size, shape and in action toward acids and alcohol. Care was made to eliminate tubercular trouble in the animals. They differ in their growth upon various media. Inoculation of guinea-pigs showed infiltration and caseation at point of inoculation; lymph glands enlarged; in mesentery and peritoneum numerous nodules, whitish in color; in lungs, similar nodules; in all, the changes resembled those of experimental tuberculosis.

CHOLELITHIASIS IN INFANCY.

A. V. WENDEL, (*Medical Record*, June, 1898,) in a paper on Cholelithiasis in infancy and in childhood, read before the New Jersey Surgical Society, speaking of xiphoid pain as a diagnostic symptom, says: "Rubini was the first to call especial attention to pain around the xiphoid cartilage from gall-stones during their expulsion. We have frequently noticed this symptom during the transition of calculi through the ducts, particularly in calculous incarceration of the cystic duct. We have observed this symptom in six out of eight cases

of calculous obstruction of the cystic duct in adults, and the localisation was proved by operation. Rubini's symptom certainly deserves more attention, because if extended observation should prove the reliability of it as a sign of obstruction of the cystic duct, then one of the perplexing questions in the surgical diagnosis of cholelithiasis will be rendered more easy of solution. Permanent cystic obstruction is well known often to result in serious or even fatal complications. These cases can be properly treated only by surgical intervention, and, as our diagnostic prehension of obstruction of the cystic duct is not so satisfactory as the development of the oprative technique for this condition, more ought to be heard of Rubini's xiphoidal pain."

BORAX IN EPILEPSY.

C. E. TODD, (*Australia Med. Gaz.*, July, 1898,) from the result of administering ten grains of borax four times a day in each of five cases of epilepsy, believes he caused the convulsions to cease. One patient remained well for one year.

LANDRY'S PARALYSIS.

C. M. GREENE (*Philadelphia Med. Jour.*, No. 49,) reports in detail the clinical course of a case of this kind, in which artificial respiration was maintained for forty-one days, the post mortem and the histologic findings in the case. The pathologic process was a parenchymatous ascending anterior poliomyelitis, involving the whole length of the cord and extending into the medulla and pons; there was degeneration present in the peripheral nerves and in the kidneys. Greene believes that in this case the development must be ascribed to auto-intoxication of intestinal origin; the girl's descending colon being loaded to the spleenic flexure at least with impacted feces, consisting largely of masses of grape-skins.

GENITO-URINARY AND SYPHILITIC DISEASES.

CONDUCTED BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

STAGES AND FORMS OF SYPHILIS.

ADOMI (*Canadian Practitioner*, July, 1898,) says: "It is remarkable how during all these centuries syphilis has remained sharply distinguished from all other forms of human disease. In other contagious and infectious maladies we recognise common

principles governing their cause and effect; a common principle underlying the morbid changes in the tissues from the beginning to the end; a principle alike in the infant and the aged. Habitually the prognosis of syphilis is divided into three stages, as well as into two types, prenatal and postnatal. Wagner, more than thirty years ago, pointed out that all syphilitic lesions might be referred to the development of a specific neoplasm and preached the doctrine of the unicity of each lesion.

Nevins Hyde, in Morrow's system of genito-urinary diseases, ably advocates the doctrine of the unity of syphilitic manifestations.

It is not necessary to have any recognisable first stage or cutaneous chancre for syphilitic infection. In the female the absence of any superficial or recognisable first stage is especially noticeable; often the disease is manifest only in the second stage.

Do we find syphilis without a primary chancre? Do the spermatozoa of a syphilitic father bear syphilitic virus? Is a syphilitic father infected through a chancre? Would not syphilitic virus permeating the insegmented ovum destroy it? Fetal syphilis must originate after impregnation. Fetal and infantile syphilomata are not inherited; they are congenital.

Syphilitic parents doubtless beget offspring, who manifest a constitutional dyscrasia, but they do not present the progressive syphilitic lesions of true syphilomata. Inherited and congenital syphilitic lesions are two very different things.

A syphilitic father begets a syphilitic child, the virus passing through the immune system of the healthy mother and is carried by the blood to the susceptible tissue of the child. The second stage of acquired syphilis is the first stage of the congenital disease.

Kopasi says "that it is possible to have a true specific indurated chancre not followed by any secondary effects." Finger says "it is well established that women who have borne syphilitised children and have themselves never shown any primary or secondary manifestations, many years afterward, present unmistakable tertiary lesions."

Up to this point, therefore, it may be laid down: (1) That from analogy, as from clinical history and absence of any indications of the same, in sundry cases there may be an absence of the primary cutaneous or epithelial manifestations of syphilis.

(2) That individuals may fail to present either primary or secondary symptoms that are recognisable, and yet eventually develop definite tertiary lesions of the disease.

(3) That where the subject is relatively insusceptible it is possible that the disease may be limited to the primary cutaneous manifestation not followed by secondary lesions.

(4) That, as with tuberculosis so with syphilis, the congenital form of the disease begins at what may be termed the secondary stage of the acquired disease, *i. e.*, the stage of general dissemination of the virus through the organism.

PEDIATRICS.

REPORTED BY MAUD J. FRYE, M. D.,
Clinical instructor in diseases of children, Medical Department, University of Buffalo.

THE URINE OF HEALTHY INFANTS AND CHILDREN.

CHURCHILL (*Archives of Pediatrics*, September, 1898,) reports the results of his investigations upon seventy infants and children ranging in age from one day to twelve years. Forty-eight were girls and twenty-two boys. One hundred and forty-six specimens were analysed and the following points noted: Total amount in twenty-four hours, color, reaction, specific gravity, presence or absence of albumin and sugar, percentage and total urea, percentages of phosphates, chlorides and sulphates. The urine was collected chiefly from children of the Half Orphan Asylum. The children were all healthy, robust and of the average weight. They were allowed to drink all the milk and water they wished.

The daily amount passed is low: at 4 years, 31 specimens, 299 c.c.; at 5 years, 17 specimens, 392 c.c.; at 8 years, 20 specimens, 628 c.c.; at 9 years, 25 specimens, 731 c.c.

The specific gravity in young infants is low, 10.01 to 10.05. In children of 1 year and upwards it is relatively high, in 129 of the examinations being 10.20 or over. The urea excretion, except in early infancy, is relatively higher than in adults, ranging in children above 1 year in age from 7.87 grms. at 3 years old to 23.21 at 12.

The chlorides were found quite constant at 11 per cent. up to 7 years, after which they were about 9 per cent. Purdy gives the percentage in adults as ranging from 16 to 18. The phosphates were found to be from 8 to 11 per cent. from 3 to 5 years; 5 to 7 per cent., from 6 to 12 years—the adult range being about 8 per cent. The percentage of sulphates was from 1 to 1.2, slightly higher than in adults. Neither albumin nor sugar was detected in any specimen. Nothing of interest was found in examination of the sediment. The reaction in all cases was acid. The color in most cases was pale.

ACUTE APPENDICITIS IN CHILDREN.

EDWARD MCGUIRE (*Richmond Jour. of Practice*, September, 1898,) says: Appendicitis before the age of four is very rare; after the tenth year, of frequent occurrence. The natural death-rate is higher than in adults, varying from 25 to 45 per cent. Many cases are overlooked or mistaken for colic, bilious attacks, and the like. The intensity of individual symptoms is more marked in children, but the symptoms as misleading as in adults. In the case reported in three days there were neither fever, pain nor tenderness, and the pulse was normal. The patient was thought to be convalescent. Reappearance of nausea and a complaint of pain, a little to the outside of the right nipple, were the first alarming symptoms. There were absolutely no local symptoms of appendicitis, no fever, and the pulse was 70. Guided, however, by the early history of the attack an operation was done, which revealed a gangrenous appendix, imbedded in a mass of infected adhesions.

The diagnosis in typical cases is based upon, first, the suddenness of the attack; second, the presence of abdominal pain; third, tenderness and muscular rigidity in the right iliac region; fourth, some nausea attending or following the pain, and in a large number of cases, some febrile disturbance.

Pain in the majority of cases is referred to the umbilical region or epigastrium. Afterward it becomes more centered in the right iliac region. It may be referred to any portion of the abdominal cavity, to the chest, or to the lumbar region. Pain may be violent or so slight as not to deter the child from play. Local tenderness in the right iliac fossa is almost pathognomonic. The area of tenderness, at first large, soon corresponds to McBurney's point. The situation of the tenderness is not constant, but varies with the position of the appendix. Tenderness may be absent.

Muscular rigidity is usually present. In the majority of cases it lessens or disappears in a day or two. The prominence of this symptom seems to have some relation to the proximity of the appendix to the anterior abdominal wall. Anesthesia will aid in distinguishing between muscular rigidity and tumor. Nausea is usually a more prominent symptom in childhood than in the adult, though not continuous. Acute nausea, occurring late in the disease, often marks the advent of perforation and the onset of septic peritonitis. Fever is no guide as to the seriousness of the disease; the pulse is a far better indication as to the gravity of the case. An acute peritonitis very

rarely occurs in childhood from any other cause than appendicitis. While the large majority of cases are typical and easy of diagnosis, many are typical and perplexing to the diagnostician. In a large number of cases no amount of clinical experience or ability as a diagnostician will enable a surgeon to foretell the consequences or to recognise the true pathological conditions in a case of appendicitis. Regarding treatment it is to be said that simple cases have a low death-rate medically treated but a still lower one surgically. Grave cases have a high death-rate medically, but a low one surgically, if operation is not delayed. It is better to operate unnecessarily than unsuccessfully.

HEATSTROKE IN INFANTS.

SNOW (*Archives of Pediatrics*, October, 1898,) relates in detail the history of two cases. He says heatstroke in babies is easily confused with an acute gastro-enteric infection. The temperature is not often accurately taken or observed at all. The rapid collapse is ascribed to the very moderate vomiting and diarrhea. In typical heatstroke if the patient be thoroughly examined the whole attention of the physician will be centered in the extraordinary high temperature; the loose passages occur late, and are terminal symptoms; the cardiac depression and temperature, 107° to 108°, are not sufficiently accounted for by the usually moderate diarrhea; again, in an intestinal toxemia, the fever commonly subsides after vomiting and purging.

The therapeutics of insulation are well understood. In babies in addition to baths and packs, intestinal irrigations with cool water, 70° to 80°, are to be recommended. Subcutaneous injections of large quantities of artificial serum would probably revive the flagging strength of the heart, or would combat the unknown infection which, according to Sambon, is the cause of sunstroke.

OPHTHALMOLOGY.

CONDUCTED BY ALVIN A. HUBBELL, M. D., Buffalo, N. Y.,
Clinical professor of ophthalmology and otology at the University of Buffalo.

ACCOMMODATION IN THE LOWER ANIMALS.

THEODORE BEER (*British Medical Journal*, November, 1898.) has made an interesting contribution to the somewhat neglected department of comparative pathology, in a paper on the act of accommodation of the eyes, which he has studied in a vast number

of the lower animals. It occurs only in those which have eyes constructed on the principle of the camera obscura; in facetted eyes, on the other hand, thickness of retina in proportion to their total size is so great as to render accommodation unnecessary. Dr. Beer's methods were mainly three: ophthalmoscopic examination, measurement with the ophthalmometer, and electric stimulation of freshly excised eyes placed in normal saline solution at the body temperature. He finds that aquatic animals, with highly developed eyes, such as cephalopods and bony fishes, have eyes which are normally adapted to near vision and which undergo active accommodation for distance, the round lens being brought nearer the retina without changing its shape. The mechanism by which this is effected is different in the two cases. In the former there is a circular muscle attached to the front of the bulb and to the equator of the lens, and an elastic portion of the eye wall, which yields to the increased intraocular pressure when the muscle contracts; in the fishes there is a small muscle behind the lens (retractor lentis) which actually draws it toward the retina. The eyes of the terrestrial vertebrates are normally adapted for distant vision, and an active process of accommodation is required in looking at near objects. This act of accommodation is effected in one of two ways: in amphibia and snakes the unaltered lens is carried away from the retina; in the rest there is a change in its curvature. In every class of animals, with the exception of cattle, fishes and birds, there are certain species whose eyes do not possess the power of accommodation. Some of these are nocturnal in their habits; when their eyes are exposed to light the pupils are contracted to a linear form, and a kind of accommodation is thus effected. To others, such as the rabbit, observation of movement is more important than that of form, and hence the rabbit's power of altering its lens curvature is on a par with a man's ability to move his ears. Moreover, cave-dwelling and subterranean animals have but limited visual power, and do not need the faculty of accommodation. No animal can see equally well in air and water without an act of accommodation; aquatic animals are extremely short-sighted when on land, terrestrial very far-sighted in the water. A very few amphibiotic animals, which hunt both in land and water, have such an extraordinary range of accommodation that they can see near objects clearly under water. Finally, Dr. Beer has shown that animals which accommodate by alterations in the distance of the lens from the retina have an advantage over those which accommodate by changing the shape of the lens, in that age does not render them presbyopic.

OPACITY OF THE CORNEA.

BERRY, G. A., Edinburgh, (*Edinburgh Med. Jour.*, April, 1898; *Amer. Jour. of the Med. Sciences*, December, 1898,) recommends for the treatment of opacities of the cornea, due to recent exudation, massage of the cornea. This is best done through the lid. The lid is rubbed quickly and with gradually increasing force over the cornea for half a minute or more at a time, once or twice daily. To do this effectually the rubbing must give rise to a moderate degree of surrounding hyperemia. The massage may be combined with the use of iodine ointment, or a good, and not too strong, stimulating effect may be secured by the daily use of the following prescription :

℞ Olei terebinth . . . . . ʒj.
Olei amygd . . . . . ʒij.

THE USE OF ICHTHYOL IN DISEASES OF THE EYE.

EBERSON, M., (*Klinisch-therapeutische Wochenschrift*, 1898, No. 18, S. 669 ; *Amer. Jour. of the Med. Sciences*, December, 1898,) makes use of a 30 to 50 per cent. aqueous solution to which a small percentage of glycerin is added, and of a 5 per cent. ointment. Fifteen instances of its use are reported. The conclusions are (1) That it is a sure remedy for the cure of trachoma in that the course of the disease is shortened and the surfaces become smooth; (2) That this method is especially to be recommended for children; (3) That it quickly cures catarrhal conjunctivitis with or without corneal complications; (4) That it is a powerful remedy for clearing up corneal scars.

Selection.

THE PROTEOLYTIC VALUE OF MALT.[1]

BY CHARLES H. MILLER, PH. G., M. D.,
Instructor in physiological chemistry, Northwestern University Medical School.

(*From the Chicago Medical Record.*)

THE amylolytic or starch digesting power of malt, or properly prepared extracts thereof, has long been known, and the fact utilised in medicine. Its value in this regard is so marked and its

1. Read before the Chicago Medical Society.

action so evident that the presence of any other enzyme has, until recently, been overlooked. Attention has been attracted to the question of proteolytic power in malt by statements published by the manufacturers of an infant food (Milkine), wherein such value was claimed for it.

On being asked regarding the accuracy of such statements, I was not quite sure of the proper answer, and this paper is the result of trying to secure accurate information on the subject. Turning to the recent literature, it was found that writers on physiological chemistry do speak quite uniformly of an enzyme, unorganised in form, proteid in composition and proteolytic in function, capable of converting notable quantities of proteid matter into soluble, diffused peptones. Briefly reviewing standard authorities, we find that at first such belief was somewhat guardedly expressed.

Thorpe[3] says: "It seems very probable that diastase exercises a very marked influence on the insoluble albuminoids during the process of germination, converting them into soluble forms, and during the process of mashing it acts still further on these soluble albumins, converting them into those other nitrogenous substances which are not coagulated by heat."

Somewhat later, Richter,[3] 1892, in referring to albuminoids of vegetable origin, states: "When seeds sprout, the fibrin is converted into the soluble ferment called diastase. The other unformed ferments appear to be modified albuminoids."

Sadtler,[4] 1895, more precisely says: "Besides the diastase, a second soluble ferment is formed during the malting process, the so-called peptase, which in the mash process changes the proteids of the malt into peptones and parapeptones." He is there quoting O'Sullivan."

Wright[5], 1897, an English authority on ferments and fermenting processes, says: "Another of the so-called soluble ferments or unorganised ferments present in malt is peptase, which, though brought into being during the malting process, lies mainly if not entirely dormant until suitable conditions, such as the mashtun, stimulate it into activity. Its function is to convert the unaltered proteid bodies or albuminoids into peptones, which are apparently of the highest importance in nourishing the yeast plant, owing to their great diffusibility." There seems to be a fair consensus of opinion that:

1. Peptase exists in the germinated, but not in the ungerminated barley.

2. Its most favorable medium is an acid one, *e. g.*, 2 per cent. lactic acid, in this respect resembling the pepsin of the gastric juice, whence its name was suggested.

3. High temperatures are fatal to it.

Thausing affirms kiln-dried malt to be more energetic than air-dried. In his table of ferments, organised and unorganised, Wright places peptase along with pepsin and trypsin, as those composing the proteolytic division "whose function is to change proteids into easily diffusible peptones."

Wiley[6], 1897, chief chemist, United States government, says: "In sprouting plants there appears to be a widely diffused ferment, capable of converting the proteids of the cotyledons into peptonoid bodies, thus fitting them for entering the tissues of the new plant."

When the perpetuation of the species is the object in view, nature is ever prodigal, hence, reasoning by analogy, we easily arrive at the conclusion that, if there is enough peptase to convert the legumin into peptone for the plant, it is reasonable to suppose that there is doubtless an enormous excess produced over the actual amount required, which would be available for converting other nitrogenous matter into similar peptones; and since vegetable and animal proteids are practically the same, this surplus power could be directed to the digestion of animal proteids as well as any other.

If this property is present to any extent in malt preparations its value dietetically and therapeutically is apparent and will be readily conceded. Its evident importance so impressed me that a line of experimentation was projected, the object of which was the study of this ferment peptase, and if possible to determine its proteolytic power, assuming all such value to reside therein. The work was completed as outlined, and the results are believed to be of sufficient value to record, being quite satisfactory.

Both coagulated egg-albumin and raw chopped beef, in amounts of five grams each, were subjected to the digestive action of five different malt preparations from the market—three semi-liquid and two dry—at a uniform temperature of 40° C., for six hours, in various media; acid, neutral and alkaline, and with uniform agitation. Control tubes, containing pepsin, and pancreatin in suitable media, and others, without any digestives, were worked through with the others. Eighteen tubes were required in each experiment to study the varying effect in different media. Thymolised water was utilised to prevent bacterial peptonisation.

The different media were prepared as follows:

Acid—2-10 per cent. hydrochloric acid (HCl).

2 per cent. lactic acid ($C_3H\ O_3$).

Alkaline—5-10 per cent. sodium carbonate (Na_2CO_3).

Neutral—Normal saline solution.

The amounts of digestives used were as follows:

Liquid malt extracts, 5-10 gram.

Dry diastase powders, 2-10 gram.

Dry pepsin, 5-100 gram.

Dry pancreatin, 1-10 gram.

E.g., in each experiment, direct and for control; always acting on the stated amount of the proteid material. Large size test tubes were the vessels used, and in large water bath maintained at 40° C.

Briefly, the stages of digestion possible of recognition in artificial proteid digestion are:

A.—In acid media,

1. Acid albumin,
2. Albumose (anti),
3. Peptone.

B.—In alkaline media,

1. Alkali albumin,
2. Albumose (hemi).
3. Peptones.

The Nos. 1 are readily precipitated by neutralising the media, not by boiling. The Nos. 2 are readily precipitated by saturating the liquid with a neutral salt, as ammonia sulphate $(NH_4)_2SO_4$, or sodium sulphate (Na_2SO_4), and boiling. The Nos. 3, being soluble, are found in the filtrates after the above treatment, and can be recognised qualitatively by the biuret reaction, or approximately quantitatively by precipitating with tannic acid.

The method adopted to determine the extent of digestion was to weigh the undigested residue—after removing any excess of liquid—which, considering the relatively large amounts of material acted on, was grossly valuable; then I compared the amounts of all albumoses thrown down with sodium sulphate to saturation, and finally the tannic acid precipitates from the above filtrates were compared. Using the well-digested liquids from the pepsin and pancreatin tubes for marked results, and the liquids from the absent-ferment tubes for negative purposes, by comparison it was found practicable to keep fair tab on the work.

The derived proteids were not weighed. Chemists and those who have worked with organic precipitates will readily appreciate the difficulties attending exact weighing of them. Probably errors introduced in their purification more than counterbalance any increased reliability of results. So it can be said the accuracy of the results would not be markedly enhanced in these processes by weighing the obtained precipitates.

After a sufficient number of repetitions to get concordant results, the following deductions have been made :

1. Properly prepared, light-colored, semi-liquid extracts of malt, possessing strong amylolytic power, have also positive proteolytic value, though decidedly less marked than the better known ferments, pepsin and trypsin.

2. The reaction of the media bears an important relation to the obtained results. This influence is believed to be as follows in sequence of greater activity :

2 per cent. lactic acid.

5-10 per cent. sodium carbonate.

6-10 per cent. sodium chloride (neutral).

2-10 per cent. hydrochloric acid.

Judging from these experiments, and in the proportions employed, the proteolytic power of malt extracts is about 5 per cent. that of pepsin or pancreatin.

4. The dry diastase preparations were not found to possess proteolytic power. The best results were obtained by a freshly prepared extract of malt, which I made just before use.

The practical results are simple, but of extended importance. Good malt extract is a valuable food, concentrated and immediately assimilable. It is capable of immediately converting enormous quantities of nondiffusible carbohydrate food starches into soluble dextrin or maltose forms, ready for the body's use. It is in the amounts commonly administered capable of largely converting the proteids of an ordinary meal into diffusible peptones.

It is distinctively a pleasant medicine, and one readily combined with practically all other remedies, often completely obscuring their disagreeable properties. That this is appreciated by our friends, the proprietary men, is shown by the ready-made combinations of malt and other remedies forced to our attention daily.

Malt extract is a first-class remedy, and the simplest rules of combination render it doubly satisfactory to use.

Regarding administration, it should be given just before or with the meal, and can always be advantageously combined with lactic acid to pleasant tartness, other medicines not interfering.

In the above experiments, maltine was one of the digestives used, its amylolytic and proteolytic power was found to be of exceptionally high order—practically answering to the highest converting strength obtained. A teaspoonful of maltine will effect nearly as much peptonisation, in proper media, as two grains of pepsin.

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4. Wright's Handbook for Brewers, 1897, pages 3, 88, 323
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SUBSTITUTION.

THAT substitution is practised by many pharmacists there can be no doubt. Messrs. Fairchild Brothers & Foster deserve the thanks of the profession for the bold and energetic way in which they have followed up and published the names of those who have compounded prescriptions with other forms of pepsin when their essence was prescribed. We can, however, but consider the statement of the secretary of the Druggists' League for shorter hours as something of an exaggeration, that more than a hundred persons are killed each year in New York by the substitution of one drug for another in making up prescriptions. Some of these substitutions are made, he says, deliberately to increase profits, others are made by mistakes of overworked and half-asleep prescription clerks.

It certainly cannot be that this secretary would have us believe that substitutions which kill are made deliberately to increase profits! If there is even a tithe of truth in his statement, it would appear that something more radical is demanded than simply shortening the hours of drug clerks. We prefer to believe that the secretary was misquoted, or that he spoke thoughtlessly, for it stands to reason that his statement must be a gross exaggeration.—*The Brooklyn Medical Journal.*

CORRESPONDENCE.

FOUR CASES OF PLACENTA PREVIA.

FINE, ST. LAWRENCE CO., N. Y.

Editor of Buffalo Medical Journal:

Sir.—The following account of four cases of placenta previa occurring in the work of a general practitioner, within a space of five months, may prove interesting on account of the infrequency of such a series of events.

My first case was one in which the placenta partially overlapped the dilated os, placenta previa partialis, a segment of the placenta being distinctly recognisable and also a portion of the membranes. In this case there was considerable hemorrhage at the end of the eighth month, coming on without pain and in the night. This case was allowed to progress to full term, and the woman was finally delivered of a living child by turning and extraction by the feet. My consultant in this case was Dr. B. F. Drury, of Gouverneur, N. Y., who did not arrive, however, until after the child was born. Both mother and child did well.

My next case, which occurred the following month, did not terminate so favorably. This case was one of complete central implantation, the placenta wholly covering the dilated os. Dr. Drury was my consultant at this time. This mother was almost completely exhausted by hemorrhage at the time I was called and owing to difficulties encountered in attempting version, we were compelled to deliver with forceps. The child was born dead and the mother died in about an hour afterward from the effects of the previous hemorrhage, she having lost but little blood during the operation.

My next case occurred about two months after the second and here also the os was completely covered by the placenta. This mother had frequent and oft-recurring hemorrhages, beginning as early as the seventh month. I allowed her, however, to go to term and then delivered her by turning and immediate extraction. I was assisted in this case by Dr. Taylor, of Edwards, N. Y. Both mother and child lived, but the child died not long afterward. My fourth and last case occurred about five months from the first. This was one in which the os was but partially overlapped. The mother was a strong and healthy young woman. Delivery in her case was easily performed by podalic version, nature being allowed to complete the case as the hemorrhage was inconsiderable. Both mother and child lived. With this last case as with the first, I was alone, being far in the country and no other physician in reach.

O. C. HAMMOND, M. D.

January 9, 1899.

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ALUMNI REUNION.

SOMETIME ago the officers in charge of the Alumni Association of the Medical Department of the University of Buffalo conceived the idea of holding a mid-winter reunion. This conception was carried to a most successful conclusion on Wednesday evening, February 22, 1899.

The selection of this patriotic day for the gathering of the sons and daughters of the college was most appropriate, for there is no more fit way to observe the occasion than for scientific or collegiate societies to come together in commemoration of the birthday of the "Father of his Country."

The executive committee, Dr. A. T. Lytle, chairman, and Drs. G. W. Wende, H. U. Williams, Charles Cary, Eli H. Long and A. T. Kerr, associates, deserve great credit for the admirable manner in which the ceremonies were conducted. The music was good, the supper served in the library was excellent in material and service, and the literary part of the entertainment proved most satisfactory.

At the appointed hour, 8.30 o'clock, the guests began to arrive and soon the corridors and rooms were filled with an enthusiastic throng of men and women, who were greeting each other once more under the roof of their alma mater. After an exchange of greetings, they were conducted through the various laboratories, where interesting details were observed, each teacher in charge being at his post to point out or explain some of the newer methods of instruction now in vogue. The State Laboratory, with Dr. H. R. Gaylord in immediate charge, where investigations relating to the origin and propagation of cancer are going on, proved of special interest to many. This was established last year under the supervision of Dr.

Roswell Park and most excellent progress is making in the fulfilment of its object. The chemic, microscopic, anatomic, physiologic and pathologic laboratories were all thrown open and it was the consensus of opinion among the visitors that nothing more complete than these can be found in any medical institution in this country.

In Alumni Hall, Prof. H. M. Hill exhibited stereopticon views of some of the work that was under study and investigation in these laboratories. This attracted attention up to the hour of 9.30 o'clock, which had been appointed for the beginning of the literary exercises. At the stroke of the gong, Prof. M. D. Mann, dean of the faculty, took the chair and delivered the following address:

In behalf of the medical faculty, I extend to you a hearty greeting. You have been asked here tonight because your alma mater wishes to show to her sons and daughters that she still takes a deep interest in them, and because she wishes to excite a warmer and more cordial feeling in her offspring toward herself. The members of a family who rarely get together, who see little of each other, or of their old home, cannot be expected to have much mutual interest or deep family feeling.

The alumni of a medical college are somewhat differently placed from the graduates of other colleges. It, unfortunately, too often happens, that in this country medical schools are entirely dependent for their support on the income derived from students' fees. Without stopping to think of the cost of properly conducting such schools, students, finding that the faculty insist on the payment of rather large fees, are apt, during their days of pupilage, to look upon the faculty as a business corporation, gotten up, more or less, for the purpose of getting their money. This engenders, in a way, a feeling of antagonism, which is still further heightened by the professional rivalry or competition, which they soon find to exist to a greater or less degree between themselves and the faculty when they become practitioners. Thus the alumni are apt to think of the managing faculty both as rivals and as members of a combine, managing the college solely for their own advantage and in their own interests—in other words, as a purely selfish, money-making institution. It is very natural that, feeling in this way, interest should flag or be wanting, and that in time feelings of hostility and antagonism to the college and its management should grow up amongst those who, by nature and inheritance, should be its best friends.

It is not very long since the absurd idea was prevalent that this college was owned by one man and run solely in his interests. It may not be out of place to remind you that the permanent faculty are appointed by the Council of the University, who own all the stock, are subject to them and hold office at their pleasure, and that to each of them is given an equal power and equal interests.

Now let us see if the sentiments attributed to some of the alumni are really well founded.

Modern education has made great demands on our educational institutions; we hear constant appeals from our great universities for more money, more buildings, more apparatus and more and higher-priced men. As a result, great efforts are being put forth and large endowments are being accumulated by the old institutions, and new ones are being founded, with great wealth already in their treasuries. Only recently the needs of medical education have begun to be appreciated. Already some of the old medical schools have been heavily endowed, or have been absorbed into the great universities, where large sums are appropriated for their maintenance. This has been especially the case in our own state. In this way we come to have the richly supported medical departments of Columbia, Cornell, Harvard and Johns Hopkins Universities. But, while this has happened in a few instances, the majority of the old schools are still forced to go on in the same way and, notwithstanding their entirely inadequate foundations, to meet the rivalry of the rich schools and the demands of modern education.

This is our position. To be sure, owing to the generosity of our citizens, we have a fine building and a good equipment. But this means greatly increased expenses in every way. The cost of maintaining such a building is vastly greater. Modern teaching demands laboratory work. To run laboratories costs much money; and, what is more, it needs men who will devote their entire time to the work, and must, therefore, get salaries which will properly support them. In endeavoring to follow out and fulfil these requirements, your faculty have done all in their power. The salary list now paid to teachers and employees, outside the permanent faculty, amounts to nearly $7,000 and yet some of the salaries are entirely inadequate, and should be increased if we desire to keep the men. The improvements this year have cost nearly $6,000; and this, with the expenses of maintenance and interest on the mortgage, leaves the princely sum of $1,400 to be divided among the seven members of the permanent faculty, while the adjunct faculty, on whom now comes much of the burden of the teaching, gets no pay, but the consciousness of duty well done. For two years since coming to this building, four members of the faculty have turned in their entire dividends to the maintenance and furnishings accounts, besides contributing $1,200 apiece toward the building fund Whatever, then, there may have been in the past, this is the state of affairs today. Nor is the outlook very reassuring. The income is not likely to increase very much, but the demands are certain to be greater.

Now, we are not going to cry "poor," and ask you for money. That is not the object of getting you here; but we do feel that we have a right to ask for your sympathy and moral support. In what business will you find men giving their time and their money, sacrificing much of the best that is in them to the training up of rivals? Where, except in the learned professions, will you find men giving all of the best of their hard-earned experience to those who are soon to be their competitors, and this without proper return? Every

student who graduates from this college, goes out without having paid, in any adequate way, for the time and trouble and learning which has been bestowed upon him. Thus every alumnus owes to the faculty a debt of gratitude, which he ought in some slight sense at least to try to repay.

I cannot let the occasion pass without paying a deserved tribute to the younger men, the adjunct professors and instructors, who labor on, year after year, in a generous rivalry, without any hope of justly earned reward. The reflex advantages of teaching are sufficient for awhile, but after a few years and a few repetitions of the subject, are largely lost. It is a wonder to me that so many are willing to continue on at this somewhat thankless task with such industry and faithfulness. Nothing but a strong sense of duty and responsibility can compel such work, and this, I am sure, is the reason for it. They deserve the honest thanks of all.

If this be true of the younger men, it is also true of the faculty as a whole. I can assure you that those to whom the management is entrusted by the council of the university have a very deep and enduring sense of their responsibility. They feel that they have the honor and good name of the institution in their hands, and tha. they stand between the students on the one side, and the public and the profession on the other, to see that those who are awarded degrees are properly fitted according to the standards of today. This is a weighty responsibility. It costs much thought, much discussion and a large share of time for its proper fulfilment. The management of such an institution, with its large number of students and its great corps of teachers, entails an immense amount of work. Fortunately, there are no dissensions in our number, and there is a strong desire to help, whenever possible, among the associate faculty.

Can we not, then, all of us, sinking what may be a proper personal rivalry, join together to make this medical college equal to the very best in the land? We have the men, we have the desire and the willingness; we lack only the means.

With this statement of facts, cannot we enlist the active coöperation of you Alumni in trying in every way to build up the institution to which you clearly owe your allegiance? This can only be done by endowments. We must have more money if we are to keep up to the requirements of the times—money, not for ourselves, but for those who make it their life-work to teach, and without whom we cannot possibly get along. The chairs of anatomy, physiology, chemistry, pathology, bacteriology, and perhaps some others, must be adequately endowed. New laboratories and new apparatus are greatly needed, and these with our present resources we are utterly unable to provide.

How can endowments be secured? Not from the medical profession. If they give their time and knowledge and experience, that is enough; others must give the money. But they will not do it unless the profession is united in their support of the college, are proud of it, take an interest in it, and use their influence for the promotion of its welfare. The power of a united alumni would be

quickly felt, and we might, through them, secure adequate endowments, which would enable us to keep pace with our rivals.

The University of Buffalo has a fair name and stands in the front rank of the medical schools of the country. You need not feel ashamed to be enrolled among her alumni. Will you not help us to keep her ever in the same rank, and so strengthen our hands that we may be able to turn out men and women better and better fitted for the arduous struggles with disease and death?

In regard to the methods of instruction now employed, I think I can safely say that we are not only fully up to the times, but are far in advance of most of the schools of the country. This school was one of the first to adopt the laboratory, the recitation, the conference and the demonstration methods. The old didactic lecture has been largely supplanted with the newer methods. By them the teacher is brought much closer to the pupil, the pupil's interest is greatly stimulated, and they are taught to think and reason for themselves.

But enough on this subject. One object of our gathering is to welcome our adopted children. According to a promise given, and given most cheerfully, by the faculty, at the time of the union of the medical departments of the Buffalo and the Niagara Universities, the alumni of the latter institution are to be counted by us as our own. In behalf of the faculty, I bid them welcome. We sincerely trust that the Alumni Association, over which we, of course, have no control, will likewise gladly welcome their new adopted brethren. I hope some action will be taken tonight, if it can be done properly, from which there will result a union of the two alumni associations, as there has been of the two faculties.

The Alumni of Niagara need not hesitate to enlist under our banner, for they can rest assured that they will receive courteous treatment and be received fully into the family. There are advantages in this. It has ever been the policy of the Buffalo School to do everything possible for its graduates, whenever its influence could be extended. By joining the Alumni Association, the same opportunities and privileges will be extended to the Niagara Alumni. They will be considered in the making of appointments, and in other ways, as opportunity offers. Fitness and merit only will be the lines to decide the choice.

We should be glad to grant honorary degrees to such of the Niagara graduates as might care for them, but, unfortunately, the laws of the state make this impossible. Still, it is proposed to take such steps as are necessary to legally adopt the alumni of Niagara University. The proper authorities will be consulted and everything done to further this end.

In conclusion, I ask the Niagara Alumni who cast in their lot with us to unite with the other alumni in trying to help us to keep the united school ever in the front and worthy of so numerous and distinguished a body of graduates.

I must beg pardon for having taken up so much of your time when there are so many good things awaiting you, but I could not

let the occasion pass without trying to remove certain misapprehensions and trying to set certain crooked lines straight.

I thank you for your attention, and now beg permission to introduce to you Dr. Z. J. Lusk, of Warsaw, president of the Alumni Association of the Buffalo College.

Dr. Z. J. Lusk, '75, of Warsaw, N. Y., president of the alumni association of the University of Buffalo, responded in a few well chosen sentences. Dr. Mann then introduced Dr. W. G. Taylor, of Buffalo, president of the alumni association of Niagara University, who made a graceful and appropriate speech.

Upon motion of Dr. G. W. Wende, the association then went into executive session, whereupon he offered an amendment to the constitution, admitting the graduates of Niagara University to membership. The motion was received and the amendment will lie upon the table until the annual meeting in May. When this action is finally approved, which it no doubt will be at that time, the amalgamation of the two alumni associations will be accomplished. The informal session was then resumed.

A large number of letters of regret were received from all parts of the country from members of the classes from 1848 up to 1898. Dr. Kerr read extracts from some of the letters, which proved entertaining as showing the continued interest taken by the members in the institution.

The address of the evening was to have been delivered by Dr. Frederick Peterson, of New York, but owing to illness he was obliged to recall his promise, which he did in a most appropriate and witty letter of regret, and which Dr. Lytle read in full. In Dr. Peterson's stead Dr. William Warren Potter, of Buffalo, addressed the assembled audience for about twenty minutes, after which adjournment was had to the library, where an hour was spent at supper, during which the orchestra played many strains of excellent music. And so ended a most delightful evening. There were many expressions of satisfaction on all sides at the success of the reception, and it is hoped that each year may witness a repetition thereof on Washington's birthday. Among those who attended from out of town besides President Lusk were: Dr. T. D. Strong, '51, Westfield; Dr. M. A. Veeder, '83, Lyons; Dr. O. A. Tompkins, '65, Randolph, N. Y.; Dr. J. Wenz, '65, Lancaster, N. Y.; Dr. R. T. Rolph, '73, Dunkirk, N. Y.; Dr. Charles A. Ellis, '91, Sherman, N. Y.; Dr. William R. Campbell, '80, Niagara Falls, N. Y.; Dr.

Edward H. Ballou, '78, Gardenville, N. Y.; Dr. T. O. Burleson, '80, Bath, N. Y.; Dr. W. E. McChesney, '81, Pekin, N. Y.; Dr. James V. Otto, '78, Port Allegany, Pa.; Dr. James A. Taggart, '96, Salamanca, N. Y.; Dr. C. S. Payne, '84, Liberty, N. Y.; Dr. W. J. French, '84, Hamlet, N. Y.; Dr. J. B. Miller, '66, Alexander, N. Y.; Dr. C. A. Shepard, '96, Cherry Creek, N. Y.; Dr. M. G. Messenger, '94, Swormville, N. Y.; Dr. C. C. Mann, '95, Warsaw, N. Y.; Dr. B. E. Smith, '95, Angola, N. Y.; Dr. Mary E. Dickinson, '90, Rochester, N. Y.; Dr. William Stanton, '89, Varysburg, N. Y.; Dr. Mary J. Slaight, '80, Rochester, N. Y.; Dr. H. L. Clapp, '95, Geneva, N. Y.; Dr. W. B. Jolls, '95, Orchard Park, N. Y.; Dr. W. E. Palmer, '97, Le Roy, N. Y.; Dr. A. L. Mitchell, '98, East Aurora, N. Y.; Dr. Edith W. Stewart, '98, Hume, N. Y.; Dr. W. G. Austin, '95, Perry, N. Y.; Dr. L. L. Eddy, '97, Olean, N. Y.

The executive committee has addressed an appropriate note of thanks to each and every person who took part, or in any manner contributed to the success of the reunion.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE ninety-third annual meeting of the Medical Society of the State of New York was held in the City Hall, Albany, January 31 and February 1 and 2, 1899. From a scientific and social standpoint it must be regarded as one of the most successful in the history of the society; the attendance was perhaps larger than in recent years and especially on the morning of the first day, when the large hall was filled to its full capacity. The attendance continued good throughout the sessions and the debates and discussions were numerous and spirited. The utmost good feeling pervaded its proceedings and at no time was there any spirit of antagonism or sting of rebuke discoverable. As presiding officer, Dr. John O. Roe, of Rochester, was in the best mien and presided with a natural grace and dignity which added much to the success of the meeting. He listened attentively to the reading of papers and was firm but courteous in his rulings, thus showing a proper respect and decorum, unhappily not always observed by presiding officers. In his inaugural address he called attention to the very prosperous condition of the society, as shown by the program and by the fact that at present the membership amounted to 708. In calling attention to the legislative

work he referred to the dispensary bill, showed up the preposterous pretensions of the anti-vivisectionists in their efforts to pass their bill, and the benefits to be derived from the passing of the pure food bills, now before the legislature.

The committee reports were unusually interesting, especially those of the committees on hygiene and legislation and the board of medical examiners.

Dr. Lewi, of the state board of medical examiners, stated that of 809 applicants coming before the board, representing the society, 29.9 per cent. were refused. Among the New York graduates there was but one rejected paper for every three students. The board wisely suggested a change in the examination papers and in the grouping of subjects.

Dr. Hopkins, of Buffalo, read the report of the committee on hygiene, which was enthusiastically received and much commented on. Hardly has such an interesting and instructive report ever been made by a committee, and its importance was sufficient to warrant its separate publication and distribution by the unanimous vote of the society.

From the chairman's report of the committee on legislation, Dr. Van Fleet proved that the committee had had its hands comfortably full during the last session of the legislature, and the committee would be in excellent condition to testify in favor of biennial, preferably triennial, sessions of the legislature, as now advocated by many. The report stated that more than forty bills had been presented to the legislature, none, however, at the instigation of the state society. Among the bills defeated by the committee were the Sullivan dispensary bill, the bill for regulating the practice of osteopathy, the anti-vaccination bill, and the bills regarding premature burial and regulating the practice of midwifery.

The special committee's report on the revision of the U. S. Pharmacopeia, by Dr. Eli H. Long, of Buffalo, was adopted by the society and the committee continued.

The business committee, under the chairmanship of Dr. Willis G. Macdonald, prepared a very full and interesting program, so voluminous, in fact, that on Wednesday the society was divided into a surgical and a medical section—an occurrence which we trust will not be necessary again. The meetings of the state medical society ought to be neutral ground where the specialists of all departments can meet the so-called general practitioner, and discussions ensue which shall prove that after all the science of medicine is a

unit in which all integral parts are dependent upon each other for autonomy. Special societies are numerous enough and there are sections enough in our national societies without making the state society lose its distinctive qualities as a society of general medicine in its broadest sense. Make but one section, Mr. Chairman, lasting three days, put some of the important papers on the afternoon of the third day, allow a full discussion, and if over-burdened with papers, advise the authors to prepare a résumé with permission to print in full in the transactions.

To the tact and good management of the business committee the program was closely adhered to and when the first day's session was ended the program for the day had been exhausted. Among the many papers presented all showed careful study and research and were of an unusually high scientific character. Buffalo, as usual, had its full quota of papers that attracted much favorable comment and discussion. On the first day papers were read by Dr. William G. Bissell on the Transmission of disease by the use of second-hand clothing; by Dr. Ernest Wende, on The dangers of the long-tube nursing-bottle; by Dr. William C. Krauss, on The close relation between the nasal and cranial cavities and between nasal and cranial diseases; by Dr. H. R. Hopkins, on Hygienic camps—with a discussion participated in by Dr. William Warren Potter; by Dr. John H. Pryor, on The relation of the consumptive to the state; and a lantern exhibition on Some interesting cases of skin diseases, by Dr. Grover W. Wende. Dr. Herman Mynter and other Buffalo members took an active part in the discussion of several papers and it seemed for a time as if a Buffalo medical society were holding its meeting at Albany. On the second day, Dr. Roswell Park read a paper on A further study into the nature and frequency of cancer, which was discussed by Dr. H. R. Gaylord, assistant director of the state laboratory.

On Wednesday afternoon the sections met together and listened to an address on Some problems associated with typhoid fever, by Dr. William Osler, of Baltimore, and another on The disinfection of the alimentary canal, by Dr. Abraham Jacobi, of New York. Both papers were well received and much enjoyed.

Wednesday evening in the Senate Chamber, Dr. John O. Roe, delivered the President's address, taking for his subject The relation of medicine to civilisation. Dr. Roe handled his subject in a masterful manner, and showed that the general advance of scientific knowledge had resulted not from progress in any one department, but from simultaneous discoveries in each, each contributing to the

advancement of all the others. The annual banquet followed immediately at the Kenmore.

Thursday was devoted to the reports of the committees appointed by the chair and the reading of papers. The committee on president's address reported that it was in favor of a bill being prepared, which would make it a penal offence for applicants at charitable medical institutions to receive gratuitous medical services at these places when they are able to pay. The committee also urged the legislative committee to make an effort to restore the appropriation of $5,000 for the maintenance of the state medical library.

Dr. Suiter called attention to the serious hampering of the work of the State Board of Health by the very meager appropriation made by the state, *i. e.*, about $35,000, as compared with $200,000 appropriated for the fish and game commission.

The election of officers resulted as follows: President, Dr. Willis G. Macdonald, of Albany; vice-president, Dr. John Gerin, of Auburn; secretary, Dr. Frederic C. Curtis, of Albany; treasurer, Dr. Charles H. Porter, of Albany. For honorary membership, Drs. W. W. Keen, of Philadelphia and Maurice H. Richardson, of Boston.

In the distribution of committeeships Buffalo fared very well, with Dr. H. R. Hopkins, chairman of the committee on hygiene; Dr. Ernest Wende, on the legislative committee; Dr. William C. Krauss, on the committee on prize essays and Dr. William Warren Potter, on the publication committee.

The nominations to fill vacancies on the State Board of Medical Examiners consists of Drs. A. Walter Suiter, of Herkimer; George R. Fowler, of New York; H. D. Wey, of Elmira, and Daniel Lewis, of New York.

Next to Buffalo our Rochester brethren were fully represented both on the floor and in committees. With Dr. Roe in the president's chair, Dr. E. B. Angell on the business committee, and papers read by Drs. L. A. Weigel, H. T. Williams, J. W. Whitbeck, E. W. Mulligan, the medical prestige of our sister city was fully sustained.

THE ARMY BILL AND THE MEDICAL CORPS.

PREVIOUS to the declaring of the Spanish-American war, the army of the United States was attended by a medical corps numbering about 190 surgeons. That was when peace reigned. When peace reigns, death's field lies fallow.

Then came the whirring of the wings of war. With war comes the fellow-fiends—death, disease and devastation.

The Surgeon-General was brought face to face with a grave responsibility. He had the health of a great and rapidly increasing army to care for. Under the provisions of a wise law he employed contract surgeons who were engaged to do regular army surgeon's work at so much per month without rank, without standing.

Each day saw the army increased by thousands; for war is the cradle of heroes and the tomb of cowards.

The Surgeon-General added to his staff of surgeons day by day as the army grew. American soldiers face the enemy with a song, but they cannot fight disease with bullets.

The war was fought and won and America became a nation with colonies. To govern a colony it must first be garrisoned. Government is power; power must have stability and support, else it becomes a mockery and the prey of fanatics. Stable government must be housed in barracks not in pest houses.

With the close of the war came the Hull bill increasing the army to 100,000 men. The department staffs were proportionately increased. To the medical corps were added 360 surgeons.

Then politics stepped in. Jealously, envy and inhumanity are foster-brothers of politics. They damn science and bless gold.

Provision was made in the amended bill to increase the army to 50,000, an increase of 100 per cent. To the medical corps was added 43 vacancies—an increase of 20 per cent. Fifty-three doctors to care for 25,000 soldiers, who will spend three-fourths of their service in the tropics. Congressmen are obedient children. They are begot of party and politics and they strangle their own flesh and blood at the behest of these unnatural parents.

Build bridges, plan conquests, expand, become the great, the greater, the greatest Republic—then bury the dead.

Victory comes not to disease-ridden armies.

Commanders who have led men into battle tell us how much more confident are their soldiers when they know the surgeons are ready for the work which is to come. They lack vim in proportion to the lack of surgeons. Congress cannot conquer territory by a two-thirds vote.

Fortunately for the men who carry rifles and wear the blue, the Surgeon-General has the right under certain circumstances to employ contract surgeons and he would be remiss in his duty to his God and his profession, if he permitted the aggregate strength of his corps at

any time to fall below the original number as compared with the strength of the army.

The American soldier may fight his battles on a diet of canned roast beef; he might fight against an unequal and unmerciful strange foe, but he falls before disease.

No one can blame the Surgeon General for shortcomings when as executive head of the most important bureau of the army he is not permitted by a short-sighted, policy-infatuated congress to have what is necessary for the preservation of the health of the army—a sufficient number of doctors.

Send the soldier to the tropics and deprive him of sufficient medical attention and he will remain where he is sent; unless perhaps the government in a burst of anti-election generosity provides for the transportation of his body to the land of his birth.

INCREASE THE SANITARY INSPECTORS.

WITH the Pan-American Exposition an assured fact, it is reasonable to presume that Buffalo will have as visitors, during the six months it is intended to keep the exposition open, thousands and thousands of strangers. These people will come here after hearing tales of the beauty of Buffalo as a home city; of its wonderfully clean streets and its health.

All these people will come here expecting to find these things true. They will. But they should find more. They should come into Buffalo and find a model city; they should find a city as nearly perfect as it is possible to make a city in this rushing, fin-de-ciecle age. Then will the fame of Buffalo be spread broadcast over the whole, wide world. Money and population will pour in and Buffalo —well, we Buffalonians are a sanguine lot and there's no knowing where we will stop when once our growing pains begin in earnest.

But to make this a model city it must be absolutely and unequivocally clean and healthy. It must be perfectly and systematically and regularly inspected and the inspection should begin at once. Not next year, but now. The city should be districted and reports on each district, detailed and exhaustive, made each month. Violators of ordinances should be relentlessly pursued and mercilessly punished.

To make Buffalo a model city of health and cleanliness, a city which would be the wonder of the world and rival even Paris, Dr.

Wende should be given authority to increase his staff of inspectors. Every new inspector should be a physician. Each physician should be chosen because of his fitness for the particular branch of inspecting he is to do. There should not be any guess work. To guess is to woo failure. Every nook and cranny in this city should be inspected and kept under inspection from now until the last visitor has left Buffalo.

For two years this would cost the city, say $20,000, and Buffalo would be a $1,000,000 richer in fame.

A full force of inspectors is not necessary just now, but the increase should be begun at once, and additional inspectors added from time to time up to the spring of 1900, when a full force should be at work and a perfect system of inspection in operation.

THE PREVALENCE OF SMALL-POX.

IT IS our desire very briefly to call the attention of the profession to the widespread prevalence of small-pox in the United States, and also to the necessity of vaccination and revaccination as an invaluable means of prevention.

At the present time, according to information gleaned from *Public Health Reports*, the official organ of the Marine Hospital Service, just issued, small-pox prevails to an enormous extent, having invaded twenty-eight states and territories and existing in eighty-nine localities, including the cities of New York and Dunkirk.

However, from our knowledge of it in New York State, it would appear that these statistics only partially represent its prevalence, for a telegram received from Dr. Baxter T. Smelzer, secretary of the State Board of Health, dated February 27, 1899, gives, in addition to the localities named, the following places in this state that have been invaded—namely, Rochester, Penfield, LeRoy, Town Line, Darien and Tonawanda. In all probability there are still other localities afflicted that have not been made known to the state health officials.

Thus the deductions to be drawn from the incompleteness of the statistical record as stated for the Empire State, would be that other states and localities have likewise, in many instances, failed to report its existence to the Federal authorities.

The most efficient means for preventing the spread of small-pox is by vaccination and revaccination. The statistical evidence of the value of this procedure is so voluminous that selection is difficult.

It will be sufficient to quote but a single paragraph from Dr. Bizzozoziro's lecture on the success of vaccination in Germany, delivered at Rome. He said: "Germany stands alone in fulfilling in a great measure the demands of hygiene, having in consequence of the calamitous small-pox epidemic of 1870, enacted the law of 1874 which makes vaccination obligatory in the first year of life and revaccination obligatory at the tenth year. What was the result? With a population of 50,000,000, having in 1871 lost 143,000 lives by small-pox, the mortality diminished so rapidly that today the disease numbers only 116 victims a year."

With pure vaccine lymph from a recognised source, vaccination is an absolutely harmless operation. To insure this, the modern glycerinised lymph only should be used and in this form it is endorsed by the highest authorities known to medical science.

THE Christian science fake is now and then in various parts of the country finding itself within the grasp of the law, where, we regret to say, it is too infrequently allowed to escape with inadequate punishment for its crimes. The *Cleveland Journal of Medicine* for January, records one of the latest convictions of a "healer" as follows:

Harriet O. Evans, a "Christian scientist" of Cincinnati, complacently allowed Thomas McDowell to die of typhoid fever without any treatment, except the much-vaunted prayer of these peculiar people. Under the energetic initiative of Dr. Charles A. L. Reed, of Cincinnati, who is a member of the State Examining Board, she was prosecuted for practising medicine without a license. The police-court jury is reported to have employed just twenty minutes in deciding that she was guilty as charged. The case has been appealed, of course, but it is a most excellent beginning. The thanks of the medical profession of the state are due to Dr. Reed for having shown in this and many other cases what a sincere and energetic member of the board can accomplish.

Later advices indicate that a higher court has reversed the decision in this case.

PERSONAL.

DR. GEORGE H. SIMMONS, of Lincoln, Neb., was chosen editor of the *Journal of the American Medical Association* at a regular meeting of the board of trustees, held at Chicago, February 17, 1899. Dr. Simmons has been editor of the *Western Medical Review* since it was established. He is a vigorous writer and a man of affairs, hence his work in his new field is likely to prove agreeable and successful.

DR. GEORGE B. STOCKER and Dr. B. P. Hoyer, of Buffalo, were appointed post mortem examiners for the County of Erie by the board of supervisors at the annual meeting, held in January. In the City of New York the coroner's physician is the official designation given to analogous service.

DR. G. A. HIMMELSBACH, of Buffalo, has gone to St. Augustine, Fla., to enjoy the balmy atmosphere of that delightful region. He was accompanied by Mrs. Himmelsbach and they sailed from New York by the Clyde Line early in February.

DR. N. W. ALDRICH, of Buffalo, has been appointed junior assistant physician at the Buffalo State Hospital.

DR. W. H. MANSPERGER, of Buffalo, has removed from 66 West Chippewa street to 1003 Main street.

DR. H. C. ROOTH, of Buffalo, was recently appointed a member of the Riverside Hospital staff.

OBITUARY.

DR. GEORGE HENRY ROHÉ, of Baltimore, Md., died suddenly at New Orleans, La., February 6, 1899, aged 48 years. At the time of his death he was in attendance upon the National Prison Congress, serving as a delegate from Maryland by appointment of the Governor. His parents were natives of Bavaria, but he was born in Baltimore county, January 26, 1851. His preliminary education was obtained in the public and parish schools of Baltimore and his professional studies were carried forward at the University of Maryland School of Medicine, from which he graduated in March, 1873.

He afterward studied dermatology in Boston under Dr. Edward Wigglesworth. After some years spent in travel he returned to Baltimore and engaged in general practice until his appointment by Mayor Davidson as city health commissioner in 1890. For a short time in 1885, he was acting assistant surgeon in the United States Army. He had been professor in the College of Physicians and Surgeons since 1881 and at different times had filled the chairs of

therapeutics, materia medica, hygiene and mental diseases. He was appointed superintendent of Spring Grove Hospital for the Insane in

GEORGE HENRY ROHÉ, M. D., 1851–1899.

1891, and in 1896 was elected to take charge of the new hospital at Springfield, near Sykesville.

Dr. Rohé was a member of the American Medical Association, American Public Health Association, of which he was president

when he died; American Association of Obstetricians and Gynecologists, and its president in 1894; the Medical and Chirurgical Faculty of Maryland, and its president in 1893; the American Medico-Psychological Association; American Electro-therapeutic Association; Clinical Society of Maryland; Baltimore Medical Association; Baltimore Neurological Society; Medical and Surgical Society of Baltimore; Southern Surgical and Gynecological Association; was a member of the committee on organisation of the first Pan-American Congress; American Academy of Political and Social Science; foreign associate member of the Societé Francaise d'Hygiene; and secretary and treasurer of the Rush monument committee. In 1894 he was elected an honorary member of the Society of Mental Medicine of Belgium and corresponding member of the Medico-Psychological Society of Paris.

His membership in all these several societies was conferred by reason of his special fitness for the same and was not in any sense a perfunctory honor. It indicates in a measure the thorough equipment of the man in many directions, but probably his greatest claim to fame is through the establishment of the second Maryland Hospital for the Insane, at Springfield. It was largely through his influence that the old Patterson estate, near Sykesville, was purchased of Ex-governor Frank Brown, which is as near an ideal location as can be found anywhere. The buildings are of the most approved architecture, and the system of management employed is the most humane that can be devised. Dr. Rohé was an alienist of the most advanced ideas in theory and practice and nothing that could be obtained or constructed was omitted in the care and treatment of persons suffering from mental disease under his care. His studies into the relationship between mental and pelvic diseases, and his advocacy of abdominal section, in appropriate cases, for the relief of insane women, identified his name with this advanced method, and his papers on the subject have been quoted all over the world. Dr. Rohé was also an author of conspicuous ability as well as versatility. He published a text-book of Hygiene, which ran through three editions; a work on Practical electricity in medicine and surgery, and a Manual of skin diseases. He was associate editor of the Annual of the Universal Medical Sciences, and published many monographs, relating to the several branches of medicine with which his name has been identified.

The news of his sudden death, as published in the press dispatches next day, spread a gloom amongst his many friends in all sections of

the country, and the shock was appalling to those who knew him intimately.

Dr. Rohé was one of the best known physicians not only in Baltimore and the State of Maryland, but all over the country. He was not only gifted in his profession, but possessed all the charms belonging to a man of culture, refinement, amiability, and strength of character. Socially, he had but few equals as a host or entertainer and his tastes led him to often serve in those relations. His door was always open to his friends and his kindness of heart and sympathy with the distressed made him a liberal giver to those deserving of charity. It is difficult within the limitations of such a notice to do justice to such a memory, especially when the writer, as in the present instance, is overwhelmed with his personal loss.

Dr. Rohé was married in 1890 to Miss Mary Lauderman Coffin, of Baltimore, a descendant of Tristam Coffin, the original settler of Nantucket Island in 1660. He is survived by his wife and one child, Margaret Rohé—Gretchen, as she is best known to her father's intimate friends. They, widow and daughter, receive the tender sympathy of a multitude of people.

Mr. Hervey Coke Parke, the senior member of the house of Parke, Davis & Co., of Detroit, died February 8, 1899, at this winter home in southern California, whither he had lately gone to escape the rigors of late winter and early spring that usually prevail in this latitude. Mr. Parke had attained the ripe age of 72 years, but was an active man of affairs to the very last. In his youth he attended a high school in Buffalo and completed his studies at Hobart College. He established the house with which his name has been so prominently associated in 1866, and in 1875 it was incorporated with a paid up capital of $100,000, which was subsequently increased to $1,200,000. This eminently successful house owes its prosperity in no small degree to the business sagacity and sterling integrity of Mr. Parke, who had been its president since 1875. He was a member of St. Johns Church, Detroit, where for fifteen years he had been a vestryman, and from which his funeral was held, February 15, 1899.

Dr. James Henry Etheridge, of Chicago, died at his residence in that city, Thursday, February 9, 1899, in the 55th year of his age. The cause of his death, which was sudden, is reported as fibrous myocarditis, consequent upon coronary sclerosis.

Dr. Etheridge was born at St. Johnsville, N. Y., March 20, 1844, of English parentage. After preliminary preparation in the schools of his vicinity and in his father's office, he entered Rush Medical College, from which he was graduated in 1869. Two years afterward he went to Europe where he spent some time in the hospitals of the old world. In 1871 he reëstablished himself in practice which he continued without interruption until his death. Of late years he devoted himself almost exclusively to gynecic surgery, and occupied the chair of gynecology at Rush College, with which of late obstetrics had been united.

Dr. Etheridge was one of the hard workers in the profession. He was a rapid and deft operator, a man of excellent judgment and commanded the universal respect of the profession and the public. He is survived by a widow and two daughters.

Sir John Struthers, M. D., LL. D., vice-president of the Royal College of Surgeons, Edinburgh, and examiner in anatomy Royal College of Surgeons, died February 24, 1899.

Sir John was born at Brucefield, Scotland, on February 21, 1823, and was graduated in medicine from Edinburgh University in 1845. He immediately became a demonstrator in anatomy at the university, and was lecturer on that subject from 1847 to 1863. He was also examiner in the College of Surgeons, and surgeon to the Royal Infirmary. In 1863 he was appointed professor of anatomy in the University of Aberdeen, and held that post until 1889, when he retired from teaching. He formed an extensive museum of human and comparative anatomy for Aberdeen. He took an active part in the questions of medical and university reform, which were settled by the medical act of 1886 and the Scottish Universities act of 1889.

In 1885 the University of Glasgow conferred on him the degree of LL. D. He was knighted in 1898. Sir John published numerous articles on subjects connected with human and comparative anatomy in the Edinburgh *Medical Journal* and in *The Journal of Anatomy and Physiology*, and also several separate works, among which were a historical sketch of the Edinburgh Anatomical School.

Dr. Henry Joslyn, U. of B. '98, died at Denver, Col., November 27, 1898, of septic endocarditis. After graduation he went to Denver, where he located and soon afterward was appointed instructor in dermatology in the medical department of the University of Denver.

Dr. Joslyn was born at Winchester, Eng., in 1862. He obtained his preliminary education at Winchester's famous school and college, and soon thereafter came to America. His medical training was received in the medical department of the University of Buffalo, at Dublin's celebrated Rotunda Hospital, and in London clinics. During the latter period of his medical instruction, he paid especial attention to diseases of the skin. He was a young man of great promise and his early death is deeply lamented by his colleagues and many friends.

SOCIETY MEETINGS.

THE American Academy of Medicine will hold its next annual meeting at Columbus, O., June 3-5, 1899. The preliminary program includes thus far, the following papers arranged under the special topic to be discussed.

Specialism in Medicine.

1. The ethics of specialism, by Dr. A. L. Benedict, Buffalo.
2. How far has specialism benefited the ordinary practice of medicine, by Dr. L. Duncan Bulkley, New York.
3. The relation of specialism to general medicine, by Dr. Solomon Solis-Cohen, Philadelphia, Pa.
4. The specialties and commercialism, by Dr. H. Bert Ellis, Los Angeles, Cal.
5. Subject to be announced. By Dr. G. Hudson Makuen, of Philadelphia, Pa.
6. Specialists and therapy, by Dr. Elmer Lee, of New York.
7. Specialism in its relation to other branches of medicine, by Dr. G. W. McCaskey, of Fort Wayne, Ind.

Advertising and the Medical Profession.

1. Medical advertising, by Dr. Robert H. Babcock, of Chicago.
2. The ethics of advertising applied to the medical profession, by Dr. A. Ravogli, of Cincinnati.
3. Subject to be announced. By Dr. J. A. Lichty, of Clifton Springs, N. Y.

The Medical Service of the Army and Navy.

1. Aspects of the late war from a naval surgeon's standpoint, by Dr. W. C. Braisted, U. S. N.

2. Subject to be announced. By Dr. G. G. Groff, now in Puerto Rico.

3. What should be aimed at in a reorganisation of the national guard system, so far as its medical department is concerned? by Dr. C. B. Nancrede, late of the U. S. V., of Ann Arbor, Mich.

4. The relation of the medical profession to the army and navy, as developed in the Spanish-American war, by Dr. James A. Pilcher, U. S. A.

Miscellaneous Papers.

1. Remarks on hospital organisation, with special reference to continuous service, by Dr. J. C. Wilson, of Philadelphia.

Papers on Subjects Not Yet Furnished.

1. By Dr. Edward Jackson, of Denver, president's address.
2. By Dr. J. R. Smith, U. S. A. Retired.
3. By Dr. V. C. Vaughan, of Ann Arbor.
4. By Dr. C. T. McClintock, of Detroit.
5. By Dr. A. J. Puls, of Milwaukee.

The secretary, Dr. Charles McIntire, Easton, Pa., should be addressed for any information in relation to the meeting.

THE Buffalo Academy of Medicine held meetings during the months of January and February, 1899, as follows:

Section on Obstetrics.—Tuesday evening, January 31st, program: Report of 170 obstetric cases, Dr. C. A. Clements. Melena Monatorum, Dr. C. C. Frederick.

Tuesday evening, February 28th, program: Some remarks on occiputo posterior positions, Dr. Van Peyma. Discussion by Drs. Mann, Crockett, Hayd, Bank, Frederick, Howell.

Surgical Section.—Tuesday evening, February 7th, program: Stricture of the lachrymal duct; treatment by electrolysis and otherwise, Dr. B. H. Grove. Discussion by Drs. Renner, Henkel, Blaauw. The treatment of hernia without operation, Dr. Wm. C. Phelps. Discussion by Drs. E. A. Smith, Dooley, York, Thompson and others.

Section on Medicine.—Tuesday evening, February 14th, program: The status of pharmacy today and its possible improvements, Dr. Eli H. Long. Discussion by Drs. Allen A. Jones, Willis G. Gregory, G. W. York, H. C. Buswell, Mr. George Reimann, Mr. J. A. Lockie.

Section on Pathology.—Tuesday evening, February 21st, program: Intraocular tumors, Dr. B. H. Grove; Pathology of alcoholism, Dr. J. W. Grosvenor. Discussion opened by H. R. Hopkins.

THE Tri-state Medical Association of Mississippi, Arkansas and Tennessee, held its regular annual meeting at Memphis, December 20, 21 and 22, 1899, at which the following resolutions were adopted:

WHEREAS, the medical laws of the various states have been so perverted by political influences as to give legislative sanction to grotesque, ignorant and dangerous sects of pretenders and charlatans; and

WHEREAS, The privileges granted to one of the most outrageous aberrations—namely, the so-called osteopathy, constitute a disgrace to the states in which the "osteopathists" are legally entrenched; and

WHEREAS, A certain William Smith, osteopathist, having been roundly denounced, together with his sect, by Parke, Davis & Co., and the *Medical Age*, now brings suit against both for $25,000 damages; therefore,

Be it declared the sentiment of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, that Parke, Davis & Co. and the *Medical Age* are entitled to the sympathy of its members and of all medical practitioners; that we wish and expect them to enjoy a complete triumph in repelling this legal assault, and that wheresoever a powerful house takes a bold stand in opposition to quackery it promotes the interests of legitimate and honorable medicine and the welfare of humanity.

THE preliminary program of the seventh International congress against the abuse of alcoholic liquors, to be held in Paris, April 4 to 9, 1899, has been issued and it promises to be the widest discussion of this topic ever made at any one gathering. Nearly every aspect or phase of alcoholic injury and loss is treated by persons familiar with and able to discuss it. The morning sessions are to be confined to scientific studies. It is proposed to have representatives of every society and organisation for temperance in the world, and if possible arouse a new interest in this topic, which is fast becoming the great theme of civilisation. Twelve great countries of Europe have announced delegates to this meeting, and nearly a hundred leading men have been enrolled to take part. Five hundred delegates are expected, and it is anticipated that this meeting will be one of the most memorable ever held devoted to this subject. Short papers are

earnestly solicited on any one phase of the subject from American workers in this field. All letters should be addressed to the American chairman of the organisation, T. D. Crothers, M. D., Hartford, Conn.

THE Lake Erie Medical Society will hold its next regular meeting at Dayton, N. Y., March 3, 1899. The following program is announced: Albuminuria in pregnancy, W. J. French, Hamlet, N. Y.; A plea for ye olden remedies, E. E. Davis, Forestville, N. Y. Presentation of cases. Intussusception, William Robert Henderson, Buffalo, N. Y.; Hemorrhoids, F. C. Beals, Salamanca, N. Y.; Enteric fever, J. Cherry, Eden, N. Y.

The officers are: President, W. W. Jones, Dayton, N. Y.; vice-president, B. S. Bourne, Hamburg, N. Y.; secretary and treasurer, S. S. Bedient, Little Valley, N. Y.; program committee, W. W. Jones, Dayton, N. Y.; S. S. Bedient, Little Valley, N. Y.

THE Cincinnati Obstetrical Society at its last annual meeting elected as officers for the ensuing year: President, Dr. Edwin Ricketts; vice-president, Dr. Julia Carpenter; secretary, Dr. William Gillespie; treasurer, Dr. M. A. Tate.

THE official circular has been sent out announcing the meeting of the ninth International Ophthalmological Congress, which will be held at Utrecht, Holland, August 14 to 18, 1899.

THE Esculapian Club, of Buffalo, will at its March meeting be entertained by Dr. C. B. LeVan, at his residence, 1298 Jefferson street. Dr. F. J. Carr is the essayist.

COLLEGE AND HOSPITAL NOTES.

THE Medico-chirurgical College of Philadelphia announces a special quiz course for the preparation of candidates for the medical corps of the United States Army, Navy and Marine Hospital examinations.

The course began Wednesday, February 1st, and will continue for four months. Sections will be limited to thirty members. The fee has been placed at $100, payable in advance.

Physicians taking this course are also privileged to attend all clinics given in the Medico-chirurgical Hospital and to obtain practical experience in the several departments of the college dispensary service. Hours will not conflict. Not only will the professional qualifications of applicants be looked after, but experienced teachers will give special attention to history, literature, geography, grammar, mathematics, Latin, physics and all collateral branches.

No lectures will be given, but lessons assigned and thoroughly quizzed over, experience having demonstrated the superiority of this method of teaching.

Candidates for the Army must be between 21 and 29 years of age; Navy and marine service, 21-30.

No extra charges will be made except for material used in the courses on practical anatomy and operative surgery. Instruments will be furnished in the surgical course and every operation in established use performed by members of the class.

The course will be conducted by the following-named teachers; Military surgery, Dr. D. C. Peyton, major and brigade surgeon U. S. army. Hygiene—special attention to food, water, camp and ship sanitation, etc., Seneca Egbert, M. D. Anatomy, Joseph D. Wallace, M. D. Surgery, J. Thompson Schell, M. D. Operative surgery and bandaging, W. V. Laws, M. D. Surgical pathology and Bacteriology, W. Hershey Thomas, M. D. Practice of medicine—tropical diseases included—Albert E. Blackburn, M. D. Physical diagnosis, obstetrics and gynecology, L. Napoleon Boston, M. D. Physics, chemistry, physiology and physiological chemistry, Matthew Beardwood, Jr., M. D. History, Literature, Latin, Grammar and Geography, Clarence Stanley McIntire, Ph. D. Arithmetic, Algebra and Geometry, Arthur B. Turner, A. B.

Those desiring information relating to the course should apply to Seneca Egbert, M. D., Dean of the medical faculty, Seventeenth and Cherry streets, Philadelphia, Pa.

THE Brooks Memorial Hospital, Dunkirk, N. Y., has recently held a meeting of its board of directors, which is composed of physicians residing at Dunkirk and Fredonia. They serve as active and consulting surgeons. The officers of the staff in immediate charge of the hospital are, president, Dr. George E. Blackham; vice-president, Dr. R. T. Rolph; secretary, Dr. Frank S. Jackson.

Book Reviews.

THE HISTORY OF PROSTITUTION. Its extent, causes and effects throughout the world. By WILLIAM W. SANGER, M. D., Resident Physician, Blackwell's Island, New York City; member of the American Association for the Advancement of Science; late one of the Physicians to the Marine Hospital, Quarantine, New York, etc., with numerous Editorial Notes and an Appendix. 709 pages, 8vo. New York.: The Medical Publishing Co. 1898.

No author can lay claim to a higher inspiration than that his work was conceived in the noble purpose of benefiting his fellow man; and the reader of the following pages cannot doubt that it was in this spirit and solely with this purpose that Dr. Sanger compiled and gave to the American public "The History of Prostitution."

The author has gone into this subject treating it scientifically and historically and has clothed a delicate subject with such adroitness that much of the sensationalism connected with it is overcome. The existence of prostitution among the Jews—early in the VIIIth Century, B. C.—shows that it is coeval with society. He then sketches the customs of the Egyptians, Syrians, Grecians, Romans, down to the middle ages, then the statistics of the European countries and finally a careful and painstaking consideration of the question in New York City. The book is carefully written and is well worth the attention and consideration of those who seek to remedy one of the greatest of evils confronting the human family.

The medical and legal professions, as well as the student of sociology, will find it an invaluable compilation of historical and statistical information, replete with all data embraced within the meaning of its title and indexed so as to enable the reader to find at a glance any subject desired. The book is printed on good paper and well bound. W. C. K.

DISEASES OF THE NERVOUS SYSTEM. A hand-book for Students and Practitioners. By CHARLES E BEEVOR, M. D., London, F. R. C. P. Physician to the National Hospital for the Paralysed and Epileptic, etc. Duodecimo, pp. xv.—432. Illustrated. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1898.

The author has succeeded admirably in presenting the subject of nervous diseases in a clear and concise manner. He has learned to condense without omitting anything that is necessary to a complete presentation of his subject. In the chapter on general anatomy and physiology, he has chosen to omit the minute anatomy of the medulla, but refers the reader to the anatomy in the larger text-books. This is wise as there is no advantage in burdening a handbook on diseases with anatomical minutiæ, which can be found in all the late treatises.

The majority of the illustrations are original and are founded on the experimental work of Horsley and the author, and on typical clinical cases.

His description of diseases is always graphic, concise and clear. We do not think he gives sufficient value to ocular defects as etiologi-

cal factors of functional nervous diseases. For instance, in migraine he says exciting causes are overwork and worry, prolonged using the eyes in over-microscopical work and study. This is clearly understating the case. In epilepsy no mention is made of the possibility of errors in refraction, or muscular defects being causes. In the treatment of diseases he is no hobbyist, but gives the reader a choice of methods. He differs from the Americans in his advice concerning trephining for epilepsy. In this country we have come to advise operation only in recent cases or in cases in which we find external evidence of skull injury. We have come to this conclusion as a result of repeated failures to relieve chronic cases. Beevor says: "Surgical treatment should be employed in cases where the fits are very frequent and are not kept under the bromides and begin with a definitely localised warning as tingling or spasm of the thumb."

He advises the removal of that piece of the cortex which by faradic stimulation is found to produce the movement with which the fit begins. He has no objection apparently to operating upon old cases.

As to the style of nomenclature it is purely conservative. None of the new anatomical terms adopted in our later text-books in America are used by him. Aside from this thoroughly English conservative characteristic, we have nothing but praise for the book.

J. W. P.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF WISCONSIN for the Year 1898. Vol. XXXII: Edited by CHARLES S. SHELDON, M. D., Secretary. Octavo, pp. xiv.—583. Madison, Wis.: Tracy, Gibbs & Co., Printers. 1898.

This excellent state society again presents its yearly work for inspection. It is a record that will bear the closest scrutiny and sustain the severest test of criticism. After the preliminary matter, which contains the proceedings of the meeting and the president's address, the work is classified into materia medica and therapeutics, surgery, practice of medicine, neurology, gynecology, obstetrics, pediatrics, ophthalmology, otology and laryngology, state medicine and hygiene, and a medico-legal section. Under each of these heads several interesting papers are published. This society, like many others, is struggling with the question of an excess of material offered and how to deal with it. It has instructed its program committee hereafter to accept not to exceed fifty papers—one half to be read by invitation, and one half by volunteers. We shall observe with interest the practical working of this plan.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY at its Fifty-third Annual Meeting, held at Columbus, May 4, 5 and 6, 1898. Edited by DR, P. MAXWELL FOSHAY. Small 8vo, pp. 558. Cleveland, O.: J. B. Savage. Press. 1898.

This volume is well arranged and printed with care, showing the supervisory work of an experienced secretary. A most excellent portrait of Dr. W. H. Humiston, the president, is published as a

frontispiece. The state board of medical registration and examination, through its president, Dr. N. R. Coleman, of Columbus, presented an interesting report, which is a summary of the work of the previous year. From it we note that the board instituted eighty-two prosecutions during the year for violations of the law. Of these twenty-three were convicted, seven acquitted, five failed of indictment by the grand jury, and forty-nine were pending. The influence of such work is excellent, and we look forward hopefully to the time when similar prosecutions may be instituted in New York. At present we are very much handicapped in this respect, our law being defective on this point.

The volume presents a number of interesting papers, duly classified in regard to the several branches of medicine. The society did itself credit in selecting Dr. N. R. Coleman as president for the coming year. The next meeting will be held at Springfield, May 10, 11 and 12, 1899.

VIERORDT'S MEDICAL DIAGNOSIS. Fourth Edition, Revised. Medical Diagnosis. By DR. OSWALD VIERORDT, Professor of Medicine at the University of Heidelberg. Translated, with additions, from the fifth enlarged German edition, with the author's permission, by Francis H. Stuart, A. M., M. D. Handsome royal 8vo volume of 600 pages; 194 fine wood-cuts in text, many of them in colors. Philadelphia: W. B. Saunders. 1898.

This standard work on medical diagnosis has been revised throughout. The original plan of the author has not been changed. In every section we see the same painstaking, complete attention to detail. Every organ of the body is considered and the modern method of examination of the various physiological systems is presented clearly and concisely.

He takes in order the examination of the respiratory, circulatory, digestive and urinary apparatus. The chapter on examination of the nervous system includes over 100 pages. This has been thoroughly revised and brought up to date.

In the appendix is a consideration of laryngoscopy, rhinoscopy, otoscopy and ophthalmoscopy. The last section is a description of the bacteria which come under consideration in the diagnosis of internal diseases. As a book on diagnosis we know of none which is so complete and which is so helpful as Vierordt's.

J. W. P.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by THOMAS L. STEDMAN, M. D., New York City. In twenty volumes. Volume XVII. Infectious Diseases and Malignant Neoplasms. New York: William Wood & Co. 1898.

The consideration of infectious diseases is completed in this volume and malignant neoplasms are added to finish out the book. The publishers apologise for the appearance of this volume out of its natural order—*i. e.*, before Volume XVI., but we see no harm in

this, for practically each book is independent of the other in dealing with the several diseases.

In this number the general pathology and bacteriology of diphtheria are treated of by Dr. William Hallock Park, of New York, and its symptomatology and treatment is dealt with by Dr. A. Jacobi, of the same city. Taken together, these dissertations constitute the most important text-book literature on the subject that has yet appeared. The next subject considered is tetanus, and this is somewhat exhaustively handled by Professor Victor Baber, of Bucharest. He regards the treating of this disease by antitoxin as a distinct advance, but does not advise the omission of other means. He speaks from an experience of seven cases treated with antitoxin.

By far the largest part of the book is taken up with the exploitation of cancer, its general pathology, being described by Mr. W. Roger Williams, of Bristol, Eng., and its symptomatology and treatment by Dr. William B. Cooley, of New York. The study of this disease possesses an added interest in view of the researches going on at the state laboratory in this city, under the direction of Dr. Roswell Park, assisted by Dr. H. R. Gaylord. It is one of the most important questions that can engage the attention of the profession, and we shall contemplate with interest any contribution that may throw light upon it. The articles in this volume treat of it intelligently in the light of our present knowledge—we mean published knowledge. The general pathology of sarcoma is also considered by Roger Williams, and its symptomatology and treatment by Dr. Cooley.

The malignant new growths of the skin form a section which is written by Dr. John T. Bowen, of Boston, and malignant diseases of the female organs of generation, by Dr. Edward McGuire, of Richmond, Va., closes this interesting volume. Dr. McGuire is especially interesting, as well as instructive in dealing with his subject, and what he says is a distinct contribution to its literature. This volume more than keeps pace with some of its predecessors in interest and importance.

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By CHARLES E. DE M. SAJOUS, M. D., and 100 associate editors. Assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume II. Bromide of Ethyl to Diphtheria. Philadelphia, New York and Chicago: F. A. Davis Co. 1899.

The change in the form of the annual has proven very satisfactory. The first volume was, of course, something of an experiment, but now the work is past the experimental stage and its standing is assured. This volume inaugurates the regular plan of the work, wherein all articles have been prepared by their respective editors. In the first the majority of the articles were immediately supervised by the editor-in-chief. Dr. Sajous discloses the fact in the preface to this volume, that the unsigned article on "Animal Extracts," in the first volume was written by himself—a bit of information that

readers will be glad to learn, since it was one of the most complete and scientific expositions of the subject that has yet appeared in print.

A number of articles of exceptional value on very important subjects are published in this volume, and the editor himself very properly invites special attention to them. Among them are: Cerebral hemorrhage, by Dr. William Browning, of Brooklyn; Cirrhosis of the liver, by Professor Adami, of Montreal; Diphtheria, by Drs. Northrup and Bovaird, of New York; Cocainomania, by Dr. Norman Kerr, of London, and Dilatation of the heart, by Dr. Vickery, of Boston. There are others we should like to mention, but our space is limited, and it must suffice for us to say that every one who desires to keep pace with the literature of medicine will get the book and examine it for himself.

A POCKET MEDICAL DICTIONARY, Giving the Pronunciation and Definition of the Principal Words Used in Medicine and the Collateral Sciences. By GEORGE M. GOULD, A. M., M. D., author of The Illustrated Medical Dictionary, The Student's Medical Dictionary; Editor of the Philadelphia Medical Journal, etc. New edition, rewritten and enlarged, including over 21,000 words. Philadelphia: P. Blakiston's Son & Co. 1898.

A good pocket dictionary is desirable for student and physician. The former needs to keep it near by, even in the lecture room, for frequent consultation, and the latter always needs it in his bed-room, where he may refer to it at such times as may prove inconvenient for him to visit his library. This book, now in its second edition, meets all the requirements of a pocket dictionary. It has been rewritten and enlarged, bringing it forward to the requirements of the period. It contains all the information necessary for an emergency, and this after all is the proper function and is all that is demanded of such a lexicon. There is none better in the field.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY. Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Collected and arranged with critical editorial comments by eminent American specialists and teachers. Under the general editorial charge of GEORGE M. GOULD, M. D. Illustrated. Philadelphia: W. B. Saunders. 1899.

The editor of this annual and his assistants have again collected, digested, and arranged an enormous quantity of material for the use of the practitioner of medicine. It is well to have the literature of the previous year made so readily available as it is in this book and our special wonder is how it can be done so quickly and well, and, withal, so cheaply. The price of this book—$6.50, in cloth—is a mere bagatelle compared with its real value to a busy physician. Its possession should by no means prevent him from taking a reasonable number of medical journals, but it will save him the necessity of purchasing a number of almost useless books that are offered in one way and another for his money and which he is oftentimes persuaded to purchase against his best judgment.

This volume follows in the pathway of its predecessors, and is constructed on quite similar lines. It makes a creditable showing for all in any manner connected with it.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons and Students. By CHARLES W. PURDY, M. D., LL. D. (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Fourth, revised edition. Crown 8vo, pp. 365. Copiously illustrated. Philadelphia: The F. A. Davis Co. 1898.

This excellent manual will be welcomed in its fourth edition by all its many old friends, and we trust a goodly proportion of new ones will make haste to give it a cordial greeting. As it has been adopted as a text-book in sixty or more medical colleges, and as its three earlier editions were exhausted within as many years, and, moreover, because the profession in general has given it a most favorable reception, three very cogent reasons are thus furnished for the author to continue in his good work. He has made extended changes in the department relating to the chemistry of the urine, some of the chapters having been entirely rewritten. A number of new illustrations have been added and the whole subject has been brought forward to the immediate present.

BOOKS RECEIVED.

Three Thousand Questions on Medical Subjects. Arranged for self-examination, with the proper references to standard works in which the correct replies will be found. Second edition, enlarged. Philadelphia: P. Blakiston's Son & Co. 1899.

An Experimental Research into Surgical Shock. An essay awarded the Cartwright prize for 1897. By George W. Crile, A. M., M. D., Ph. D., Professor of Surgery and Applied Anatomy in the Cleveland College of Physicians and Surgeons; formerly Professor of Physiology in the Medical Department, University of Wooster; Attending Surgeon to the St. Alexis and Cleveland General Hospitals. Philadelphia: J. B. Lippincott Company. 1899.

A Treatise on Fractures and Dislocations. For Practitioners and Students. By Lewis A. Stimson, B. A., M. D., Professor of Surgery in Cornell University Medical College, New York. In one 8vo volume of 823 pages, with 321 engravings and 20 full-page plates. Cloth, $5.00 net; leather, $6.00 net. Just ready. Philadelphia and New York: Lea Brothers & Co.

Railway Surgery. A Handbook on the Management of Injuries. By Clinton B. Herrick, M. D., Troy, N. Y., Lecturer in Clinical Surgery, Albany Medical College; Attending Surgeon to the Troy Hospital and the House of Good Shepherd; Consulting Surgeon to the Leonard Hospital; Surgeon to the Delaware & Hudson and the Fitchburg Railways; President of the New York State Association of Railway Surgeons. New York: William Wood & Co. 1899.

Transactions of the Medical Society of the State of North Carolina. Forty-fifth Annual Meeting, held at Charlotte, May 3, 4, and 5, 1898. Winston: Carolina Publishing Company. 1898.

Fever Nursing. Designed for the Use of Professional and Other Nurses, and Especially as a Text-book for Nurses in Training. By J. C. Wilson, A. M., M. D., Professor of the Practice of Medicine and of Clinical Medicine in the

Jefferson Medical College; Visiting Physician to the Hospital of the Jefferson College and the Pennsylvania Hospital; Physician-in-Chief to the German Hospital, etc., etc. Third edition, revised and enlarged. Philadelphia: J. B. Lippincott Company. 1899.

Transactions of the College of Physicians of Philadelphia. Third series, Vol. XX. Philadelphia: William J. Dornan, Printer. 1898.

Diseases of the Eye. A Handbook of Ophthalmic Practice for Students and Practitioners. By G. E. de Schweinitz, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College; Professor of the Diseases of the Eye in the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital, etc., etc. With 255 illustrations and two chromo-lithographic plates. Third edition, thoroughly revised; 8vo, pp. 699. Philadelphia: W. B. Saunders. 1899.

An American Text-book of Diseases of the Eye, Ear, Nose and Throat. Edited by G. E. de Schweinitz, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; Consulting Ophthalmologist to the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases; and B. Alex. Randall, M. A., M. D., Ph. D., Clinical Professor of Diseases of the Ear in the University of Pennsylvania; Professor of Diseases of the Ear in the Philadelphia Polyclinic; Ophthalmic and Aural Surgeon to the Methodist and Children's Hospitals. Illustrated with 766 engravings, 59 of them in colors. Imperial 8vo, pp. 1251. Philadelphia: W. B. Saunders. 1899.

LITERARY NOTES.

THE *International Medical Magazine*, heretofore published in Philadelphia, will henceforth be published in New York, by E. B. Treat & Co., 241-243 West 23d street. It will, however, continue to be edited by Dr. Boardman Reed, of Philadelphia, to whom, at 1928 Chestnut Street, all literary communications and exchanges should be addressed.

THE *Ohio Medical Journal* was discontinued after the publication of the edition for December, 1898.

THE *North American Practitioner* (Chicago) appeared in a new dress and in improved form with the beginning of 1899. The prosperity of this excellent magazine is indicated by its appearance and valuable contents.

THE *Western Clinical Recorder* (Chicago) made its first appearance in January, 1899. Its initial number is handsomely printed and it contains excellent material. It is conducted by Drs. Fred. Jennings Hodges and William T. Rinehart.

OBSTETRICS is the name of a new monthly journal that is edited by Dr. Edward A. Ayers, professor of obstetrics in the New York Polyclinic. It is published by the Van Publishing Company, New York, and its subscription price is $2.00 a year.

MISCELLANY.

THE SAMUEL D. GROSS PRIZE.—The second Quinquennial prize of $1,000 under the will of the late Samuel D. Gross, M. D., will be awarded January 1, 1900, by the Philadelphia Academy of Surgery.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding 150 printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens.

It is expressly stipulated that the successful competitor, who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross library of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut street, Philadelphia, before January 1, 1900. Each essay must be distinguished by a motto, and accompanied by sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay. The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year. The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

ITEM.

MESSRS. WILLIAM R. WARNER, manufacturing chemists, of Philadelphia, sustained a heavy loss by fire late in February, which destroyed their office building and retail department, at 1228 Market street. Their laboratory, however, was located in another building, which was unharmed, hence their extensive business will go on as usual.

BUFFALO MEDICAL JOURNAL.

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Original Communications.

THE ADVANTAGES OF VAGINAL OVER SUPRAPUBIC CELIOTOMY IN CERTAIN DISEASES OF THE UTERUS AND APPENDAGES

WITH A REPORT OF SIXTY-NINE CONSECUTIVE CASES.

BY H. T. WILLIAMS, M. D., Rochester, N. Y.,
Surgeon to the Rochester City and St. Mary's Hospitals.

WHILE it is true that many operations in the pelvis can best be done by abdominal section, it is equally true that there are but few operations in the pelvis that cannot be done equally as well by vaginal section. The choice of routes will always be decided according to the experience of the surgeon.

Experience shows that in certain cases of diseases of the intrapelvic organs, many operations that were formerly done only by abdominal section can now be performed much more quickly, safely and with less shock to the patient, and with much better results, both immediate and remote, by vaginal section. By the abdominal route there is more exposure in operation, more shock, more injury to the intestines and other peritoneal surfaces generally and as the peritoneum is more exposed, consequently there is greater liability to infection. Then, again, there is no visible scar; no weak point in the abdominal wall; no hernia in the vaginal incision, and less danger from adhesions to intestines and omentum.

Fecal fistulæ occurring after abdominal section are slow to heal and often become serious, while by the vaginal section in a large percentage of cases they heal kindly and quickly.

For operable cases of cancer of the uterus, the vaginal route is undoubtedly the best one for their removal, for if a cancerous uterus

1. Read before the Medical Society of the State of New York, Albany, N. Y., February 1, 1899.

has reached the stage where it cannot be removed by the vagina, it is of little use to endeavor to remove it at all.

As a rule, the surgeon who objects strongest to operations by the vaginal route is the one who has had less experience in operations by that route. No one should attempt difficult operations of vaginal section unless he has had experience in performing abdominal section, and he should always go prepared for abdominal section, if necessary; for we must bear in mind that the abdominal route can always be chosen, even after the vaginal one, without hindrance or drawback to the operation and the opening through the vagina makes a good place for drainage. We all know the dangers of removing pus tubes through an abdominal incision; how easily is the pus spilled and how dire the consequences frequently of a few drops of pus spilled into the peritoneal cavity; how much safer and easier the vaginal route when the gauze packing gives perfect drainage aided by the natural law of gravity.

Is it not frequently the case in abdominal section, in cases of pus tubes, where large abscesses on one or both sides, with the pelvic organs and intestines firmly matted together, with dense adhesions, that it is found advisable to close the abdominal incision and drain the abscess from below?

Is it not a fact that delicate women will bear an operation by vaginal section, that would have died had the abdominal route been chosen? Dermoid cysts contain a fluid which is extremely dangerous to the peritoneum. The rupture of a dermoid has frequently produced fatal peritonitis. Death has been caused by simple aspiration of them, hence they can more safely be removed per vaginam, and this route should be chosen where the diagnosis of dermoid cysts can be correctly made.

The vaginal route possesses one of the most important factors in intrapelvic surgery, viz., natural and perfect drainage. The objection so often urged against vaginal section and for exploration of the pelvic contents, that the surgeon must depend so much on the sense of touch, more so than by abdominal section, does not count for much to the surgeon, who, from experience has become skilled in work by the vaginal route; and since the method adopted by Pryor of exploring the pelvic contents by vaginal section, as much or more can be seen by the naked eye as through the ordinary abdominal incision. A brief description of this method will not be out of place.

After the ordinary antiseptic treatment of the vagina the patient is placed in the lithotomy posture, the uterus is curetted, irrigated

with either sterilised water or salt solution, and its cavity wiped out with iodoform gauze. The uterus is then packed with gauze, which is left in. The cervix is grasped with vulselum forceps and the uterus pulled down, and at the same time traction is made upward in order to put the posterior vaginal wall on the stretch. The vagina is then caught with the tenaculum or mouse tooth forceps, about an inch below its attachment to the cervix. By drawing this down about half way between this point and the cervix is the place to make the incision.

The scissors is plunged through the posterior wall of the vagina and through the peritoneum, if it can be easily perforated. If the scissors is now opened and withdrawn while open, an incision large enough to introduce the index finger will be made. If the peritoneum has not been opened with the scissors, the cavity is wiped dry, and the peritoneum picked up with forceps and cut with the scissors. By passing a finger through this opening a digital examination of the pelvic contents is now easily made. If now an ocular inspection is deemed necessary, the operator introduces two fingers into the opening in the cul-de-sac, and easily tears the vaginal mucous membrane laterally.

By now introducing one of the Pean retractors and pressing it downward, he then introduces the Pean-Pryor trowel behind the uterus, and with this forcing the uterus up leaves a wide opening into the pelvic cavity. Large gauze pads or sponges can be introduced into this opening, and thus the intestines and omentum can be held out of the way. If the patient is now turned into the Trendelenburg position, the intestines and omentum are easily made to enter into the abdominal cavity; if the intestines are adherent, the adhesions can be gently broken up. In fact a very good view can be obtained of the pelvis, even though the patient is not put into the Trendelenburg position; and should the existence of pus be suspected, the patient should not be put into this position.

By this method of Pryor an opening can be made from one and one-half to nearly three inches between the retractor and the trowel, and the intestines being held out of the way, and the complete relaxation of the pelvis muscles, owing to the Trendelenburg position, as good a view of the pelvic contents can be made as through the ordinary abdominal incision, and there is less shock to the patient and no sutures are required.

On more than one occasion, by this method, have I been able to demonstrate the vermiform appendix, and in three or four cases have

I removed the appendix as easily as I could by the abdominal method and with good results, but I do not recommend this method of operating for appendicitis.

Should a vaginal hysterectomy be indicated, the exploratory vaginal incision completes part of the operation, and the operator simply has to continue his incision around the cervix when the broad ligaments are exposed.

Ovarian cysts can be easily punctured and blood clots easily removed. Small uterine fibroids can easily be removed from the surface of the uterus and pus tubes can be dealt with as the case demands. Tubal pregnancy, hydrosalpinx, broad ligament cysts, occluded tubes and pelvic adhesions can be found and treated by this method. The after-treatment consists in simply cleaning the cavity and packing with iodoform gauze. Any retrodisplacements of the uterus, after the uterus is freed of adhesions, can be replaced and held there with the gauze, and by this method I have seen many retrodisplacements permanently cured. I usually leave the first gauze in one week, sometimes longer; then change it every three or four days, putting in less gauze each time, until the cavity is contracted and nearly healed.

The wound in the vagina heals rapidly and the scar causes no trouble. Indeed in many cases that I have examined six months afterward no scar could be found.

Dr. William M. Polk says that vaginal section is especially indicated in the following conditions: (1) A shallow and wide pelvis in a thin woman; (2) Exploration of the pelvis; (3) Visceral adhesion in true pelvis; (4) Displaced and adherent uterus; (5) Smaller ovarian cysts, especially the intraligamentous and parovarian; (6) Smaller fibroids, especially the soft; (7) Extrauterine pregnancy up to the seventh month and after death of fetus; (8) Pelvic hematocele; (9) Puerperal hysterectomy; (10) Acute inflammation of the appendages, with peritonitis, involving cul-de-sac; (11) Inflammatory destructive diseases of the appendages, including tuberculous disease; (12) Pelvic abscess pointing downward; (13) Conservative operations on appendages that lie in the true pelvis.

If it is not too bold an assertion I would say that it is rarely necessary to open the abdomen for the surgical treatment of all diseases of the pelvic organs due to infection. In acute inflammation of the appendages with peritonitis, an early vaginal incision frequently cuts short the localised septic pelvic infection, the woman remaining thereafter symptomatically and physiologically well.

In a personal experience of sixty-nine consecutive vaginal sections, made in a little less than two years, for a variety of diseases of the pelvic organs, I have had sixty-eight recoveries and one death; the latter being a case of pelvic abscess, in which there was a fecal fistula. The patient had been sick for a long time and was thoroughly septic; she was operated on in the country several miles from her physician; took the anesthetic badly, and considerable chloroform was required to keep her quiet. Her physician was detained with a difficult obstetric case and did not visit her again until thirty-six hours after the operation. She was left with an inexperienced nurse, who had never before cared for a surgical case, and the patient died forty-eight hours after the operation from vomiting and exhaustion.

I regret that the limited time will not permit my giving a more complete and detailed report of these cases. I will only say that they include many cases of large and small cystic ovaries, dermoid cysts, hydrosalpinx, pyosalpinx, ruptured tubal pregnancy, both recent and those that have become thoroughly septic, fibroids, hematocele, retroversion with adhesions, hysterectomies for both fibroids and cancer, salpingitis, acute and chronic, and in a number of cases lacerated cervices and a few perineums were repaired at the same time; in three cases of pus tubes the vermiform appendix was removed at the same time through the vaginal incision.

In conclusion I would say that neither the vaginal nor abdominal route should be chosen for all cases; each route will always have its uses, and must be studied and judged according to its indications and merits.

In the report which follows I would call the attention of the reader to cases number 1, 7, 9, 11, 13, 14, 15, 17, 23, 24, 25, 27, 29, 33, 35, 39, 48, 56, 57, 65, 68, as especially demonstrating what may be done by vaginal section and he may draw his own conclusions as to the choice of routes.

CASE I.—Miss C., age 35. History: bloody urine. Pleuro-pneumonia. Temperature, 105°; pulse, 140. Double pus tubes and pelvic abscess. Operation: Uterus curetted and packed with gauze. Abscess contained one quart pus; right ovary and tube removed. Left tube (ovary healthy) split open, 4 ounces of pus evacuated and cavity packed with gauze. Time of operation twelve minutes; anesthesia fifteen minutes. Chloroform as anesthetic. No ligatures. Result: Recovery. Menstruates regularly.

CASE II.—Mrs. L., age 36. Lesions: Double pus tubes with adhesions. Retroflexion. Operation: Both tubes and ovaries removed. Catgut ligatures. Gauze packing. Result: Recovery; menstruation normal.

CASE III.—Mrs. Z., age 28. Lesions: Right pus tube. Left ovary cystic. Operation: Both tubes and ovaries removed. No ligatures. Gauze packing. Result: Recovery.

CASE IV.—Mrs. W., age 30. Lesions: Salpingitis. Adhesions. Retroflexion with adhesions. Right ovary cystic. Operation: Adhesions broken up, uterus replaced, right ovary removed. Catgut ligatures. Gauze packing. Result: Recovery.

CASE V.—Mrs. H., age 26. Lesions: Pelvic abscess. Operation: Right pus tube removed. (Left ovary and tube normal). No ligatures. Gauze packing. Result: Recovery; menstruates regularly.

CASE VI.—Mrs. O., age 37. Lesions: Cystic ovaries and tubes. Retroflexed uterus adherent. Operation: Both ovaries and tubes removed. Uterus replaced with gauze packing. Catgut ligatures. Result: Recovery; menstruates regularly.

CASE VII.—Mrs A., age 24. Lesions: Cyst of left broad ligament. Operation: Opened, drained and packed with gauze. Result: Recovery.

CASE.—VIII. Mrs. D., age 29. Lesions: Right ovarian cyst. Operation: Tube and ovary removed. Uterus which was retroflexed replaced. Posterior cul-de-sac packed with gauze. Result: Recovery; uterus remained in normal position.

CASE IX.—Mrs. C., age 34. History: Pelvic pain for a long time. Had been treated with tampons. Uterus curetted and dilated. No relief. Uterus movable. Operation: Exploration. Both ovaries cystic and tubes enlarged. Right ovary and tube removed. After breaking up some slight adhesions, cyst in left ovary was punctured and 2 drachms fluid evacuated. Ovary replaced; gauze packing. Result: Recovery and relief from pain.

CASE X.—Mrs. G., age 27. History: Miscarriage one year before, followed by pelvic inflammation. Uterus quite fixed from adhesions and exudate. Operation: Adhesions broken up and uterus and ovaries freed; gauze packing. Result: Recovery and relief from symptoms.

CASE XI.—Miss F., age 23. History: Gonorrhea six months previous. Pelvic abscess; right pus tube. Operation: One pint of pus removed. Packed with gauze. No ligatures. Result: Recovery.

CASE XII.—Mrs. C., age 40. History: Lacerated cervix and cysts of both ovaries and tubes. Operation: Trachelorrhaphy and double ovariotomy and tubes removed. Packed with gauze. No ligatures. Result: Recovery.

CASE XIII., Miss B., age 30. Lesions: Right tube and ovary diseased. Several small fibroids of uterus. Retroversion with adhesions. Operations: Small fibroids and right tube and ovary removed; adhesions broken up and uterus replaced. Gauze pack-

ing; no ligatures. Result: Much improved. Gained twenty-five pounds in three months. Uterus remained in position.

CASE XIV.—Mrs. S., age 38. Lesions: Large cyst of right ovary. Right pus tube had become attached to bowel and had been discharging into it for several months. Operation: Ovary removed, tube opened and packed with gauze. Fecal fistula for some months. Finally healed. No ligatures. Result: Recovery.

CASE XV.—Mrs. H., age 44. History: Uterus enlarged and microscopical examination of tissue curetted from it proved it to be cancerous. Operation: Vaginal hysterectomy. Packed with gauze; catgut ligatures. Result: Recovery. No return of cancer one and one-half years afterward.

CASE XVI.—Mrs. H. H., age 54. Lesions: Fibroid of uterus and double pyosalpinx. Operation: Vaginal hysterectomy. Forceps. Packed with gauze; no ligatures. Result: Rapid recovery.

CASE XVII.—Mrs. D., age 26. History and lesions: Right pyosalpinx specific. Operation: Right tube and ovary removed. Time of operation twelve minutes. Gauze packing; no ligatures. Result: Recovered.

CASE XVIII.—Mrs. S., age 32. History: Right pyosalpinx. Extensive adhesions. Operation: Adhesions broken up. Right tube and ovary removed. Packed with gauze; no ligatures. Result: Recovered.

CASE XIX.—Mrs. P., age 34. History: Long standing pyosalpinx discharging into rectum. Peritonitis; septic; very weak and emaciated. Extensive adhesions. Operation: Both tubes and ovaries removed, adhesions broken up, opening into bowel. Fecal fistula discharged for two months, then closed. Gauze packing, no ligatures. Result: Greatly improved.

CASE XX.—Mrs. L., age 38. History: Pelvic pain and menorrhagia for years. Dysmenorrhea. Operation: Uterus curetted, adhesions around tubes and ovaries broken up. Gauze packing. Result: Complete recovery.

CASE XXI.—Mrs. P., age 40. Lesions: Fibroid of left ovary, size of fist. Operation: Tumor and tube removed. Packed with gauze. Result: Rapid recovery.

CASE XXII.—Mrs. H., age 37. History and lesions: Double pyosalpinx and peritonitis. Extensive adhesions. Operation: Both tubes and ovaries removed. Packed with gauze; no ligatures. Result: Recovery.

CASE XXIII.—Mrs. E. G., age 42. Lesions: Cancer of uterus extending into broad ligament. Operation: Hysterectomy. Considerable of broad ligament on either side removed. Both ureters dissected out of growth. Clamps. No ligatures; gauze packing. Result: Recovery. Return of growth in kidney eight months afterward.

CASE XXIV.—Mrs. E. C., age 38. History and lesions: Lacerated cervix. Retroflexion and retroversion; adhesions to rectum. Operation: Trachelorrhaphy; uterus released and replaced. Packed with gauze. Result: Cured. Uterus in normal position one year afterward.

CASE XXV.—Mrs. R. J., age 31. History and lesions: Appendicitis. Right pyosalpinx—followed miscarriage and curettement. Temperature, 105° at the time of operation. Operation: Right tube and ovary removed. By backing up intestines with gauze pads vermiform appendix was easily seen and removed by clamping and cutting off. Appendix was size of index finger, dusky red in color and about an inch of its extremity in a sloughing condition. Gauze packing. No ligatures. Result: Complete and rapid recovery.

CASE XXVI.—Mrs. T. A., age 40. Double pyosalpinx. Right tube four inches long, and one and one-half inches thick in one place; contained several ounces of pus. Operation: Both tubes and ovaries removed, uterus replaced. Gauze packing; no ligatures. Result: Complete recovery.

CASE XXVII.—Mrs. B., age 31. History: Heart lesion—mitral—for years. Large cyst of broad ligament with large hematocele into wall of cyst. Cyst in center of hematocele. Operation: Whole mass dissected out entire; size of infant's head. Appendix discovered large and filled with blood; clamped and removed. Gauze packing. Catgut ligatures. Result: Rapid recovery.

CASE XXVIII.—Mrs. S., age 41. Lesions: Large cyst of right ovary; held three pints. Operation: Removed right ovary after evacuating contents. Left ovary also removed; contained six ounces of fluid. Both tubes thickened and also removed. Adhesions broken up and uterus replaced. Packed with gauze; no ligatures. Result: Complete recovery.

CASE XXIX.—Mrs. W., age 31. History: Three months previous operated upon by another physician for repair of lacerated cervix. Pain and some fever since. Has acquired morphine habit. Several attacks of pelvic peritonitis. Uterus immovable owing to adhesions and large exudate between uterus and rectum. Operation: Adhesions broken up, uterus and tube released; large amount of lymph and broken down tissue removed. Uterus and appendages replaced. Gauze packing; no ligatures. Result: Recovery. No pain since and takes no anodynes. Is perfectly well.

CASE XXX.—Mrs. B., age 38. History and lesions: Lacerated cervix; cysts of ovaries. Retroversion; prolapse of ovaries. Operation: Trachelorrhaphy; adhesions broken up; cyst of ovaries opened and drained. Uterus and ovaries replaced. Gauze packing. Result: Recovery. Menstruation remains regular.

CASE XXXI.—Mrs. S., age 26. History: Retroversion and retroflexion—prolapse of both ovaries. Left one adherent to rectum and beneath it was a mass, size of thumb, curved in shape and three

and a half inches long; felt like thickened Fallopian tube and was diagnosticated as such by a prominent gynecologist of New York a few weeks before operation. Operation: Exploration. Adhesions broken up, uterus and ovaries released and replaced; they were both healthy. The mass in pelvis was not a tube, but was beneath rectum and firmly adherent; it was not disturbed and has been diminishing in size ever since operation one and one-half years ago. Gauze packing. Result: Patient made good recovery with relief from symptoms and has gained much in strength and flesh.

CASE XXXII.—Mrs. M. S., age 23. Lesions: Cyst of both ovaries. Left contained one quart fluid. Right two ounces fluid. Operation: Both removed; clamped for five minutes. Gauze packing; no ligatures. Result: Complete and rapid recovery.

CASE XXXIII.—Mrs. M. W., age 34. History: Lacerated cervix. Cystic degeneration. Right ovary size of large hen's egg. Operation: Trachelorrhaphy twenty minutes; ovariotomy. Five and three-quarter minutes only required to make incision; remove ovary and tube and gauze packing complete. Small catgut ligatures. Result: Rapid recovery.

CASE XXXIV.—Mrs. F. W., age 30. History: Menorrhagia and metrorrhagia. Right tube and ovary adherent and thickened. Operation: Trachelorrhaphy and right tube and ovary removed. This patient went into collapse six hours after operation; salt solution and whiskey by rectum and strychnine given. No ligatures and no hemorrhage. Time of operation, thirty-five minutes. Gauze packing. Result: Made good recovery.

CASE XXXV.—Mrs. P. A., age 33. Lesions: Cystic degeneration of right ovary and tube. Found to contain many white, hard masses, which proved to be tubercular. Operation: Right ovary and tube removed. Catgut ligatures; gauze packing. Result: Rapid recovery. In perfect health ever since. Gave birth to healthy child eleven months afterward.

CASE XXXVI.—Mrs. C. M., age 30. History: Married; two children, youngest three years old. Pelvic inflammation five years ago after first labor; very sick for several weeks. Right kidney movable; cervix lacerated; laceration extending in vaginal tissue. Left ovary cystic. Operation: Curettement. Removed large amount of degenerated tissue. Trachelorrhaphy. Left ovary and tube removed. Packed with gauze. Catgut ligature. Result: Rapid recovery. Well ever since.

CASE XXXVII.—Miss F., age 23. History: Same patient mentioned as Case No. XI. Operated upon one year ago; right tube and ovary removed. Now has pus tube on left side. Operation: Tube contained three ounces of pus and left tube and ovary removed. Gauze packing. no ligatures. Result: Recovery.

CASE XXXVIII.—Mrs. K. V., age 24. History: Married four years. One child two and a half years old. Missed periods for three months, then began to flow severely with discharge of shreds and clots; flow continued for two or three weeks; both ovaries enlarged, cystic and tender. Operation: Both ovaries and tubes removed. Gauze packing; catgut ligatures. Result: Complete recovery. Patient menstruates regularly since.

CASE XXXIX.—Mrs. P., age 37. Lesions: Large dermoid cyst of right ovary, contained twelve ounces of mushy fluid, hair and teeth. Operation: Right tube and ovary with sac removed. Left ovary slightly cystic, but left in position. Iodoform gauze packing; catgut ligatures. Result: Complete recovery.

CASE XL.—Miss C., age 23. History: Menorrhagia, dysmenorrhea; both ovaries cystic and bound down by adhesions, especially the left. Operation: Right ovary—size of hen's egg—removed. Cyst in left ovary punctured, drained and repacked. Gauze packing; no ligatures. Result: Rapid recovery.

CASE XLI.—Miss C. S., age 35. History: Lacerated cervix; cysts of both ovaries. Operation: Trachelorrhaphy; double ovariotomy. Gauze packing; no ligatures. Result: Rapid recovery.

CASE XLII.—Miss M. K., age 33. Lesions: Right ovary and tube cystic; uterus retroflexed. Operation: Right ovary and tube removed; uterus replaced. Gauze packing; catgut ligatures. Result: Recovered; uterus remains in position.

CASE XLIII. Miss S., age 39. Lesions: Lacerated cervix; double pyosalpinx; both ovaries cystic. Operation: Trachelorrhaphy; both ovaries and tubes removed. Gauze packing; no ligatures. Result: Perfect recovery.

CASE LXIV.—Mrs. H. M., age —. Lesions: Lacerated cervix and perineum; cysts of both ovaries. Operation: Trachelorrhaphy, perineorrhaphy and double ovariotomy. Very little trouble was experienced in repacking the wound without disturbing the perineum. Catgut ligatures to pedicles. Gauze packing. Result: Good recovery.

CASE XLV.—Miss P., age 18. Lesions: Double pyosalpinx specific. Very small vagina. Operation: Both tubes and ovaries removed. Gauze packing; no ligatures. Result: Complete and rapid recovery.

CASE XLVI.—Mrs. W. H., age 24. History: No children. Dysmenorrhea for many years; backache, pain in pelvis, unable to do but little for years. Menses profuse, both tubes and ovaries thickened, enlarged and cystic; many adhesions. Operation: Dilatation and curettement; both tubes and ovaries removed; catgut ligatures. Adhesions broken up and uterus replaced. Gauze packing. Result: Recovery; uterus remained in position.

CASE XLVII.—Mrs. Z., age 27. Lesions: Lacerated cervix, extending into vagina; retroversion and flexion, extensive adhesions to rectum and other parts; large cyst of right ovary. Operation: Dilatation and curettement; trachelorrhaphy; adhesions broken up, right ovary removed and uterus replaced; gauze packing. Result: Uneventful recovery. Uterus remained in place.

CASE XLVIII.—Mary W., age 38. History: Tubercular history; sister had fibroid tumor; father died of cancer of the liver and had Pott's disease of the spine. Had several attacks of peritonitis. Abdominal tumor felt to be adherent to the intestines; emaciated and apparently cachectic; menorrhagia and metrorrhagia. Operation: Tumor proved to be large dermoid multilocular cyst—six distinct cysts—altogether holding one quart of mushy, yellow substance, containing teeth, large piece of bone and hair; owing to adhesions sac was not removed, but opened, irrigated and packed with gauze; adhesions to uterus broken up, uterus replaced and held in position with gauze packing, Result: Uneventful recovery. Sac discharged pus for three months; finally healed. Has gained much in flesh and strength and feels quite well.

CASE XLIX.—Mrs., H. age 35. History and lesions: Menorrhagia; right ovary enlarged and cystic and bound by adhesions to the posterior part of uterus and rectum. Several small fibroids on posterior surface of uterus; right unilateral laceration of cervix with great eversion; left tube and ovary also diseased. Operation: Uterus curetted; lacerated cervix repaired, both tubes and ovaries removed and adhesions broken up; several small fibroids removed from posterior part of uterus; gauze packing. Result: Recovery; patient well ever since.

CASE L.—Miss M. D., age 42. History: Menorrhagia and constant pain in pelvic region; one year ago uterus dilated and curetted without relief. Large fibroid in posterior wall of uterus. Operation: Vaginal hysterectomy; clamps; no ligatures; gauze packing. Result: Rapid recovery.

CASE LI.—Mrs. L. S., age 35. History: Sick two years. Prominent symptoms; pain in pelvis, chills and fever. Had many physicians who gave different opinions; when she first came under observation. Temperature, 103; both ovaries cystic. Double pus tubes; left the largest: extensive adhesions to intestines. Operation: One quart pus evacuated: adhesions broken up; both tubes and ovaries removed. Catgut ligatures; gauze packing. Result: Rapid and complete recovery.

CASE LII.—Mrs. J., age 26. History: Two or three attacks of pelvic peritonitis. Uterus reflexed and adherent. Double pus tubes and ovaries. Operation: Adhesions broken up, tubes and ovaries removed. Uterus replaced. No ligatures; gauze packing. Thirty-six hours afterward temperature arose to 103 2-5°; pulse, 120. Forty-eight hours later, without removing packing, tempera-

ture dropped to 100°; pulse, 108. Next day was normal. Results: Uneventful recovery.

CASE LIII.—Miss J. J., age 27. History: Two attacks of pelvic peritonitis; double pyosalpinx and cystic ovaries. Operation: Both ovaries and tubes removed. Gauze packing. Result: Uneventful recovery.

CASE LIV.—Mrs. B., age 26. History: Two attacks of pelvic peritonitis; double pus tubes and ovaries. Operation: Both tubes and ovaries removed. Gauze packing. Uneventful recovery.

CASE LV.—Mrs. B., age 48. History: Menorrhagia and pelvic pain; double pyosalpinx with cystic ovaries. Right tube three-quarter inch diameter; left tube one inch in diameter. Operation: Both tubes and ovaries removed; adhesions broken up, uterus replaced. Gauze packing; catgut ligatures. Result: Uneventful recovery.

CASE LVI.—Mrs. W., age 38. History and lesions: Never pregnant; small vagina; uterine fibroid, size of two fists. Anemic, almost cachectic from continued flowings. Patient weighed about eighty pounds at time of operation. Operation: Vaginal hysterectomy. Clamps. Although the vagina was very small, no trouble was experienced in stretching it and removing the uterus and tumor. Gauze packing. Result: Uneventful recovery; saw her four months afterward, when her weight was 118 pounds.

CASE LVII.—Mrs. H. L., age 30. History: No children; history of tubal pregnancy four weeks previous; since then has had continued fever and chills. At the time of operation, temperature 103°, pulse rapid; is thoroughly septic. Abdominal tumor felt projecting forward from behind uterus. It gives a distinct sense of fluctuation. Operation: Upon opening posterior cul-de-sac with scissors, a gush of pus, decomposed material and clots, amounting in all to about two quarts, poured out. The odor was foul. A good-sized placenta adherent to side of uterus and intestines was removed in pieces; it was very much decomposed. Many pieces of broken-down tissue, which resembled pieces of fetus were also removed. Both tubes and ovaries were so degenerated that they were easily broken off and no ligatures applied. The cavity was mopped out with sponges and packed with iodoform gauze. Result: Uneventful recovery.

CASE LVIII.—Mrs. S. B., age 37. History: No children; sick for five years before operation; began with pain in right side, over McBurney's point. At time of operation had general peritonitis; great distention of abdomen; temperature 103 2-3°, pulse 130; bowels had not moved in three days. With one finger in vagina, pressing behind cervix, with the other hand pressing on abdomen, over McBurney's point, gave sense of fluctuation in both places. Operation: Uterus curetted; then an opening was made behind cervix; one and a half quarts of pus evacuated, some adhesions

broken up, both ovaries and tubes were adherent, but otherwise healthy, were left in position. Irrigated with sterilised water; iodoform gauze packing. Result: Uninterrupted recovery.

CASE LIX.—Mrs. G., age 30. History: Two children, youngest four years old; patient had been sick for several weeks; abdominal and pelvic pain, especially in the right side. Fever; peritonitis. Operation: Curettement; posterior vaginal section; uterus found adherent to the rectum; large exudate in right side of pelvis; extensive adhesions between the uterus and tubes and exudate around the uterus. Six to eight ounces of fetid pus evacuated; adhesions were broken up; right tube and ovary were so degenerated as to be easily broken off and removed without ligatures. Vermiform appendix was found to be perforated. Large fecal concretion from the appendix escaped with the pus. Appendix had sloughed off and came away in sections; an opening was found in the intestine which was surrounded by a large exudate, about six inches above anus. This had evidently been discharging into the rectum for some time, as the edges of the opening were thickened in a funnel shape into the bowels; no ligatures, no sutures. After irrigating the opening was packed with three or four yards of iodoform gauze. Patient did not take the anesthetic well and took considerable chloroform to keep her quiet. Result: This patient was in the country ten miles from her physician, who did not see her until thirty-eight hours after the operation; she was left with an inexperienced nurse who had never seen a surgical case before, and consequently she had very little care. She died from exhaustion and persistent vomiting forty-eight hours after the operation.

CASE LX.—Mrs. W., age 24. History: Married; two children; lacerated cervix; retroversion; prolapse of both ovaries; both ovaries and tubes cystic. Operation: Curettement and trachelorrhaphy—fifteen minutes; double ovariotomy—ten minutes. Gauze packing; catgut ligatures. Result: Rapid recovery.

CASE LXI.—Mrs. G. W., age 25. History: Two children, youngest eighteen months; uterus retroflexed; both ovaries and tubes cystic. Operation: Uterus curetted; removed both ovaries and tubes; uterus replaced; gauze packing. Result: Rapid recovery; uterus remains in position.

CASE LXII.—Mrs. M. B., age 39. History: One child, 22 years old; never well since; pelvic and bearing down pain; uterine tissues so soft that the sound went through into abdominal cavity; double pus tubes with extensive adhesions. Operation: Uterus curetted; posterior vaginal section; one pint of pus removed and large quantity of necrotic tissue. Tubes and ovaries were so adherent and wrapped up in exudate that they were not removed. Cavity irrigated and packed with gauze. Result: Rapid recovery.

CASE LXIII.—Mrs. J. R., age 26. History: Two children, youngest three years old; large bilateral laceration of cervix. Uterus retroflexed and adherent; both tubes and ovaries cystic. Curette-

ment. Trachelorrhaphy—nine sutures. Double ovariotomy; gauze packing. Result: Uneventful recovery.

CASE LXIV.—Mrs. M. McC., age 36. History: Three children; abortion—induced—three months ago. Never well since. Pelvic pain and fever; severe pain in abdomen and pelvis; at times high temperature; double pyosalpinx with extensive adhesions. Operation: Curettement; both tubes and ovaries with difficulty removed, owing to extensive adhesions to intestine, omentum and uterus; ovaries and both tubes degenerated and filled with pus; in one place intestine was a very dark color; looked as though it might slough; no ligatures were used; iodoform gauze packing. Result: Twelve days after operation had discharge of fecal matter from vagina. This continued for six weeks when it entirely healed; patient has been perfectly well ever since; menstruates every month.

CASE LXV.—Mrs. C. F. McB., age 33. History: Three months pregnant at the time of operation; at the time of operation, temperature 104 2-5°, pulse 130°; had had a temperature ranging from 102-105 for one week and frequent chills. Large cyst (size of hen's egg) of left ovary. Operation: Curettement, left ovary and tube removed. Tube found to contain a few drops of pus; catgut ligatures; right tube and ovary which were normal were left. Gauze packing. Result: Next morning temperature dropped to 100°; next day was normal and remained so; patient made uninterrupted recovery.

CASE LXVI.—Mrs. I. K., age 39. History: One child several years before; double pus tubes. Operation: Curettement; both tubes and ovaries removed; catgut ligatures; gauze packing; time of operation fifteen minutes. Result: Uninterrupted recovery.

CASE LXVII.—Mrs. O. P. D., age 38, History: Deaf mute; three children; lacerated cervix; uterus retroflexed with adhesions; both tubes and ovaries prolapsed, but healthy. Operation: Curettement; trachelorrhaphy; adhesions broken up; uterus and ovaries replaced; gauze packing. Result: Uninterrupted recovery.

CASE LXIX.—Mrs. M. H., age 28. History: Married five years; never pregnant; sickness began eight months ago; pelvic abscess had discharged into intestine; operated upon three times by another physician by incision through vagina and rubber drainage tube; since then has had pain and fever and at times discharge of fecal matter through vagina. When she came under my observation, temperature 102°, pulse rapid; vaginal section, extensive adhesions to intestines, etc. Right tube and ovary very adherent, enlarged and degenerated; ovary full of pus and pus had burrowed in different directions. Operation: Adhesions broken up; right ovary and portion of tube removed; uterus replaced, left ovary and tube freed of adhesions and left; no ligatures; gauze packing. Result: Recovery.

CASE LXIX.—Mrs. H. H., age 30. History: Right pyosalpinx. Operation: Right tube and ovary removed; no ligatures; gauze packing. Result: Rapid recovery.

Just a few words as regards ligatures. In a very large number of cases I do not use them at all, simply clamping the pedicle with a stout pair of forceps and cutting, leaving the forceps on for a minute or two, then catching the pedicle with a small pair of hemostatic forceps. I remove the clamp forceps and if any bleeding is observed, clamp again, repeat this if necessary until no bleeding is observed, showing that the coats of the vessels are crushed and the vessel plugged—the gauze packing makes firm pressure and prevents hemorrhage. I have never had a case of secondary hemorrhage where no ligatures were used.

When I use ligatures I always prefer catgut and tie by Staffordshire knot, which can be applied with ease high up if necessary and easily tied by using a long piece of catgut double, holding the two ends in one hand and passing the loop over the parts to be encircled, one end of the ligature is passed through the loop by now making firm traction on both ends of the catgut; the loop can be pressed firmly into the tissues, now a simple tie twice with the ends of the catgut and the knot pressed up, the parts are firmly ligated and the ligature will not slip, the ends of the ligature can then be cut off, the pedicle grasped with forceps outside of the ligature and the tissue to be removed cut off.

52 CLINTON PLACE.

THE NECESSITY OF EARLY DIAGNOSIS OF MALIGNANT DISEASE OF THE PELVIC ORGANS.[1]

BY C. C. FREDERICK, M. D., Buffalo, N. Y.

IT HAS been said that Western and Central New York lies in a cancer belt. However true or false the assertion may be that any area of country produces more cases of cancer in proportion to its population than is common, we all do know that malignant diseases are very prevalent in this part of the state.

Seeing many cases of cancer involving the genitalia of women, most of whom have passed that period of the disease when any operative procedure offers them a chance of relief, I thought it not inappropriate to speak upon the necessity of early diagnosis of cancer, especially as involving the genital organs of women.

The uterus and the ovary are the two organs most frequently involved, the uterus being first in point of numbers. The tubes,

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

vagina and external genitalia are rarely the seat of primary cancer. Any new growth of the external genitalia receives early attention because the tumor can be seen and felt. If new growths of the internal organs could be inspected so easily they would not be neglected as they are. So long as the patient has no pain and so long as she can see or feel nothing wrong, blissful ignorance reigns supreme. Hemorrhage coming profusely at periods or almost incessantly does not worry her. If she is anywhere near the time of the menopause, all her old-lady friends will tell her that hard flowing-spells are just what she may expect; she takes the old lady's word for it and neglects to consult her family physician. I have known her to consult the doctor and he too has told her the same little fairy tale. All profuse losses of blood from the uterus do not mean malignant disease, but all protracted excessive losses of blood mean some pathological cause. It may not always be local in origin, it may be due to constitutional causes, but the local causations exist in so large a percentage of the cases that it may almost be taken for granted to exist.

Hemorrhage here is like a red flag elsewhere—a danger signal. I grant that a woman in the "dodging period" of the menopause, may have a too profuse and too prolonged menstrual flow, when she perhaps has not menstruated for two, three or four months before. It is only natural to expect a profuse flow after so long a cessation. The excessive flow here is not a danger symptom, because the woman has lost no blood for two, three or four months and now she flows for perhaps ten days to make up for the losses she would have had if menstruating regularly. If this woman, however, were to flow ten days every two to three weeks the loss would mean probable trouble.

It is the very fact that women do have irregular and at the same time profuse spells of flowing during the menopause, which leads the laity astray. They do not discriminate between flow profuse every two to four months and frequent or constant profuse discharges of blood. The time limit escapes them.

Return of bloody discharge from the vagina, if it continues for any length of time, occurring in a woman who has well passed the menopause is to be interpreted as probably symptomatic of malignant growth of the uterus. Benign growths, such as submucous fibroids or cervical polypi, may be the cause of the hemorrhage, although rarely at this time of life.

Pain is not an early symptom in these cases. If it were, they would seek relief early. It is firmly implanted in the popular mind that cancer from the beginning invariably causes

pain. When pain becomes a prominent symptom in cancer of the uterus or ovary, there is not much to be done for the patient surgically. Pain in cancer of the uterus occurs only when the tissues outside of that organ have become involved, and the possibility of complete removal of the malignant growth is past. Cancer of the ovary seldom causes pain until it has made malignant attachments to the peritoneum and invaded the subperitoneal structures. Hence the absence of pain is not to be considered in the diagnosis.

The age at which malignant growths occur is full of interest, because we are taught that the years of the menopause when degenerate changes in the pelvic organs begin, is the time when we may expect the onslaught of cancer. Clinically, cancer is found to exist in the female genitalia long before the menopause in a goodly percentage of women so afflicted. I have seen cancer of the cervix uteri at twenty-six in a virgin. I have operated upon many before forty for this dread ailment. Sarcoma of the endometrium is an especially rapid and extremely malignant growth in young women. A special form of sarcoma, known as the deciduoma malignum, which generally follows closely upon labors or abortions, is a disease incident to women during the child-bearing period.

In the majority of the cases which have been reported, death has followed in from three to six months. All not operated died. Forty-five cases have been reported. They have mostly occurred in women under thirty; seven of the forty-five being under twenty-five.

All new growths of the ovary, whether they are cystic or fibroid in character, are liable to and frequently do have malignant degenerations. Ordinarily no symptom pointing to malignant change in the growth shows itself till ascites or pain develop. Ascites is quite a constant result of malignant degeneration of ovarian growths at the time the malignancy attacks the peritoneum. Any growth in the pelvis, therefore, that has associated with it ascites, may be suspected. But ascites does occur in conjunction with benign growths from pressure. In malignant tumors the ascites is the result of irritation of the peritoneum.

From the fact that ovarian growths are prone to malignant degeneration it is always wise to counsel their early removal. The same cannot be said of myofibromata of the uterus. They are not so prone to malignancy, therefore from this standpoint are not sources of so much danger. I have seen three cases of malignancy in fibroid tumors. Others have been reported, but they are the exception and are rare, while malignancy in ovarian tumors is common, far too

common for the good of the patient and the peace of mind of the operator.

Two portions of the uterus are the most common seat of malignancy: (1) The vaginal portion of the cervix and the cervical canal and (2) the endometrium of the upper zone of the body. Cancer affecting the mucous membrane about the external os uteri and the vaginal portion of the cervix is easily recognised early in its career if examined carefully. The feel is characteristic; the symptom, hemorrhage, is characteristic. All that remains is a positive diagnosis. If the growth be within the cervical canal it may not be seen or felt by the examining finger. I have seen such a growth invade the whole cervix without causing much enlargement and invade the walls of the bladder before the growth could be made out by vaginal examination. Yet the patient had the characteristic bleeding for months before diagnosis was made. If the growth be in the endometrium, certainly it cannot be felt by vaginal examination, still the characteristic hemorrhage is there, in the history of each case. The uterus may or may not be hypertrophied. It is seldom or never painful or tender. These facts before us, how are we to make a diagnosis?

In the case of the suspicious cervical growth, put the patient on the table, before a good light, expose the cervix, catch a piece of the suspected growth in a pair of tissue or other forceps and cut it out with a knife or scissors. It will cause little pain and will not bleed much. If desired, a 10 per cent. solution of cocaine may be placed upon the point to be cut. A piece of gauze tamponed against the cervix will check all oozing.

If the cervical canal is to be investigated for suspected growth, then a sharp curette will procure enough scrapings for diagnosis. The same procedure should be followed for the suspected endometrial growth. In any or all of these cases an anesthetic to primary anesthesia may be necessary and desirable, especially in sensitive and nervous women.

The specimens then should be placed in alcohol, cut in sections and examined by some one competent to pass upon their histological structure. The one examining should always know the part from which the growth was taken.

The percentage of recurrence after removal of intra-abdominal malignant growths, not yet having formed adhesions to the peritoneum, is small. These growths when removed early give a fine prognosis. When they have made adhesions, however, they will recur every time.

Hysterectomy for cancer of the uterus has given about 40 per cent. of nonrecurrences. Early diagnosis and early operation before the peritoneum or the lymph channels were invaded are the reasons for nonrecurrence. The longer the lymph streams are exposed to infection the more liable is the growth to recur. Early diagnosis and early operation are the watchwords, if we are to save these women. It devolves upon every practitioner to inculcate in his patients the principles of preventive medicine. The laity in general look for curative medicine and only those who are better educated and more advanced, have caught the spirit of the time and appreciate that the doctor is often better to advise how to prevent a disease than he is to cure it.

In Germany the fact that uterine hemorrhage is a sign of something wrong has been so thoroughly taught to their women, that the majority present themselves early at the various clinics if bleeding.

Out of the many patients whom I have seen in the various European clinics with cancer of the uterus, I do not remember to have seen more than three who were too far advanced for operation. In this country I have not seen one in five who was not too far advanced to operate upon with any hope of removing all diseased tissue. Many operators here and elsewhere in this country have told me that their experience in that regard is similar to mine.

Many of these women tell me that they went to their doctor months ago. One said it was the change of life and she would be all right when she was past that and made no examination to ascertain if anything was wrong. Another told her she had an ulceration and needed treatment and he treated her cervical canal with iodine, caustics and glycerine tampons till her pains became so intense that she got discouraged and went elsewhere. It was too late. Still another was examined by the doctor and not finding anything wrong with the cervix, he said she had nothing to worry about, and to take some hot douches. He did not seem to suspect that she might have a growth intrauterine, which was doing all this bleeding. Another saw the last woman and curetted the uterus, did not save the scrapings for examination and promised that the curettage would cure her. In a month or so the bleeding returned and continually getting worse she, too, went to others till finally a diagnosis was made, but it was too late. We must teach American women that too frequent and too profuse bloody discharges from the genitals mean danger and educate them to consult the doctor early. We must rouse the family physicians throughout the length and breadth of the land to the

appreciation of the facts that cancer is insidious, yet as far as the uterus is concerned always showing its bloody hand. We must arouse them to put into practice what they know—that an early diagnosis of cancer and an early operation gives the best and only promise to the patient. We must arouse the family doctors to the realisation of their duty to their patients. If the doctor says she must be examined and then if he examines her carefully and thoroughly and gets sections or scrapings for competent microscopical examination he will have done his duty, then and only then.

Most of the neglect of patients at the hands of the profession is not from ignorance as much as from carelessness and inexact methods of dealing with patients. Too much stress is laid upon history and not enough attention given to physical examination. Only the worst fool of a woman will fail to submit to a most thorough examination, if her doctor insists upon it, and shows her the absolute necessity for it.

The medical profession itself is at fault in the matter and if these few words should lead any to a more thorough appreciation of the situation, I shall feel amply repaid.

64 RICHMOND AVENUE.

CAN SYPHILIS BE CURED?[1]

BY A. E. DIEHL, M. D., Buffalo, N. Y.

CAN syphilis be cured? This is a question which has been asked since syphilis was known as such. To my mind it is a question of great importance, because syphilis is a disease whose devastations extend through all countries and all people, and while in itself it is rarely dangerous to life, yet it can produce more mental suffering and anguish than any other known disease, except probably leprosy. How many young people have contracted the disease, and later when marriage is considered and the thought comes up of the possibility of communicating the disease to one's offspring, here is where oftentimes the sufferer wishes that death might have come before. Yet much of this mental suffering can be avoided by the knowledge that syphilis can be cured. There is today a large majority of physicians who think and say that the disease is incurable and in this they are nearly right, for when it reaches a certain stage, it is incurable.

By curability of the disease we do not mean merely the disappearance of any visible evidences, but the entire elimination of it, con-

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

sequent upon the destruction of the virus or toxin, whatever it may be. In some cases it is with regret that I say the physician is at fault, for after the disappearance of all the symptoms the patient is discharged and told he is cured, but in the majority of cases it is, of course, the fault of the patient, for at the disappearance of the visible symptoms he imagines himself cured and discontinues all treatment; sometimes such cases are cured, even by a few months' treatment, but more often it happens that in after years he goes to some other physician suffering either from pronounced tertiary syphilis or some obscure visceral lesion.

The question arises, how do we know or how can we tell that the disease is cured? This unfortunately is a question which cannot be answered definitely. Again it may be asked, how do we know that syphilis is curable? This is easily answered. By a reinfection.

That syphilis is curable is demonstrated to many of us by the fact that every day we see people who had been infected in former years and today they are perfectly healthy, with absolutely no traces of the disease, and they are parents of healthy, robust children. Many cases could be cited. I will merely refer to one as an example:

A man, W., aged about 40 years, was infected 14 years ago. Shortly after, he married and communicated it to his wife. Both underwent a thorough course of treatment, and are today the parents of two healthy, robust children, one 10 years of age and the other 6 years. Neither of the parents ever showed any later symptoms of the disease.

In the earlier years of modern therapeutics such results were seen but rarely, because the disease was not so thoroughly studied and treated, but of late years both the physician and the patient have learned that results could be obtained only by long, continued and faithful treatment. How often do we see manifestations of tertiary syphilis among the present generation? I can say without fear of contradiction that gummata are becoming an uncommon lesion.

Again, it may be asked what period of time must lapse before tertiary symptoms appear? In the vast majority of cases where tertiary symptoms have appeared, they were from three to five years after infection, though, of course, they have appeared as late as twenty years and more after infection. Nevins Hyde has recently issued a publication in which he states, that between 80 per cent. and 90 per cent. of all cases of acquired syphilis never reach the tertiary stage; and as time advances and the laity become better educated to the fact that the disease can be cured by faithful and persistent treatment, this percentage will become higher. I do not

wish to be understood as saying that all cases of syphilis are curable, for undoubtedly there are cases which cannot be cured, even when treatment has been begun at the earliest symptoms. Such cases and those called malignant syphilis will resist every method of treatment. The objective symptoms may be made to disappear for a short time, but will break out again and again despite our best efforts.

What do we understand the term reinfection to signify? The term is allowed only when after the course of a typical first general infection, several years later an initial lesion develops, which pursues the same course as the first one, followed by a typical universal glandular enlargement and the symptoms of an undoubted general infection with manifestations of the skin and mucous membranes. I might state here that mistakes are sometimes made in the diagnosis of a second initial lesion, by confounding an indurated papule with it. A papule making its appearance on the corona is very apt to become indurated on account of the continued irritation; on this situation any simple little sore or abrasion may become indurated, because of the greatly increased vascular supply. As an example I will cite a case:

A man, T., came to me in 1895, having acquired ordinary chancroids; in a few days one of them, situated directly upon the corona, became markedly indurated. At that time I expressed the opinion that he probably had a mixed infection, but, contrary to my expectation, the sore healed without an untoward symptom. In August of the following year he presented himself again with a typical primary sore, which was followed in due time by a macular eruption and sore throat.

Many cases of reinfection have been reported by different observers, which leave no doubt as to the possibility of the cure of syphilis. I have seen two cases of undoubted second infection, which occurred at intervals of six and three years respectively. Diday recorded twenty cases of reinfection in six years and mentions one case in which four reinfections occurred. Cooper had seen five cases of reinfection in one year. If the vast amount of medical literature were searched, many cases of reinfection would be found; as it is, the most reliable sources of information are in hospitals, where complete records of all cases are kept. It has been stated that when the interval between infections was short, the disease pursued a mild course and that when a long period elapsed between infections, the symptoms were more severe. This may be to a certain extent true, for syphilis occurring in a young healthy person is more apt to pursue a milder course than it does in a person of more

advanced years, where the vitality is lower and the constitution undermined by previous excesses; for syphilis occurring in such persons is apt to be very intractable and often assumes the malignant type Again, it has been held by many that though syphilis can be cured, yet when it reaches the tertiary stage, it then becomes incurable. Yet Gascoyne in his number of cases of reinfection, reports that six were suffering from tertiary symptoms at the time of reinfection. This, however, brings up another question in connection with syphilis, which is that tertiary symptoms are sequelæ, rather than symptoms of syphilis. This, however, has no relation with the subject at hand.

As the time allotted to the reading of papers is, I understand, to be limited, I have made this paper very short, for much might be said on the subject and many cases cited and writers quoted. One word in conclusion: Always begin the treatment as early as possible; that is, as soon as the diagnosis is certain and impress upon the patient that the disease can be cured only by a prolonged course of treatment and good hygiene.

362 PEARL STREET.

THE RELATIVE IMPORTANCE OF FLIES AND WATER SUPPLY IN SPREADING DISEASE.[1]

BY M. A. VEEDER, M. D., Lyons, N. Y.

THE diseases that may be borne in water under some circumstances and by flies under others are typhoid fever, yellow fever, certain forms of dysentery, Asiatic cholera, and perhaps malarial fever, and malarial poisoning in general.

It will be observed that there are two classes of these diseases, the intestinal and the malarial. In the former the infection is a bacillus of some sort, whose presence in any locality can always be traced to some preceding contamination by excretions from a diseased bowel. In the latter the source of infection is a plasmodium, as it is termed, which lives primarily in marshy soil or stagnant water, and whose presence in that location is independent of contamination from human sources. These distinctions are to be kept in mind constantly in attempting to trace out the manner in which these diseases spread, and in adopting measures for their prevention.

1 Read at the regular meeting of the Buffalo Sanatory Club, December 14, 1898.

All are most emphatically camp diseases, and hence the propriety of their discussion at a meeting devoted to the subject of Camp Hygiene. There is the greater need of such discussion because the relative importance of flies and water supply in spreading disease has been greatly misunderstood, especially in the very case of camps where the danger is greatest.

Contrary to ideas that have existed heretofore, in camps and under similar conditions elsewhere, intestinal diseases are spread almost exclusively by flies, and malarial diseases by water. The exceptions to this, which are relatively unimportant, will be noted in the course of the discussion.

In the Cuban campaign last summer it was sought to prevent the spread of diseases of the intestinal class by the use of water from the purest sources or purified by boiling. It was a failure. Not until late in the summer was the agency of flies taken into the account in any practical way. Even now reports from Honolulu and Manila state that the typhoid is still epidemic among the soldiers in those localities, showing that adequate measures of prevention have not yet been perfected. Likewise, during the recent British campaign in Fashoda, which was most carefully planned, and which took place in a climate that is exceptionally dry and hygienic, there was no abatement of typhoid fever, it continuing to be the chief scourge of the army.

Nevertheless, diseases of the typhoid type can be prevented with almost absolute certainty, and malarial diseases greatly abated, in both instances by very simple measures. It is only necessary that those most concerned should think it worth while to understand the matter and act accordingly.

It is not possible to enter very much into detail in a brief summary of results such as the present. Suffice it to say that in the performance of his duties as health officer and practising physician, the writer has been able to put an end to epidemics of typhoid fever and dysentery of the exact type that prevail in the army in such manner as to warrant the belief that the problem of their prevention has been solved completely.

For example, the outbreak of malignant dysentery mentioned in my paper at the recent meeting of the American Public Health Association was encountered when at its height, there having been forty cases and ten deaths, the disease spreading rapidly from house to house in a single neighborhood. As soon as such measures were adopted as would make conveyance of the infection by flies impossible, there was

not another new case, although there had been fresh ones every day for some time previously. In like manner, the past summer, a lively epidemic of typhoid fever was ended in a day by measures directed against conveyance by flies. So, too, on the malarial side of the question there has been prevention, without the aid of quinine, by measures directed against conveyance by water.

It is true that under certain circumstances the poison of intestinal diseases may find its way into water and be thus conveyed, and that the poison of malaria may be taken up and carried by mosquitoes, or flies, as the case may be. Hence it is necessary to discriminate carefully in reference to the peculiarities attending these different methods of conveyance of infection.

When flies are responsible there are little neighborhood epidemics, extending in short leaps from house to house without reference to water supply or anything else in common. But when water is at fault the disease follows its use wherever it may go, the only limitation being the resisting power of the individual using it, and such household measures of boiling and the like, as tend to destroy disease germs. Epidemics spread by flies tend to follow the direction of prevailing warm winds, as though the fly wandering out doors after contact with some source of infection had drifted with the wind, but nothing of the sort is perceptible in the case of water-borne disease. In villages and camps where shallow open closets are in use, giving access of flies to the chief sources of infection, they are the chief means of its conveyance. In cities where the underground sewers carry such material beyond the ordinary reach of flies, whose migrations are not extensive, such diseases can only become very prevalent through infection of the source of public water supply. Hence in villages and camps they are usually fly-borne and in cities water-borne. When a source of public water supply has been infected in this manner, cases of the disease will occur more or less throughout the year, provided that the germ remains active at all temperatures. When the conveyance is by flies, the prevalence of the disease will be confined to a particular season exclusively. Thus in cities typhoid fever prevails at all seasons; in villages it is an autumnal disease. When the weather is dry and sultry, flies have their best opportunity to carry the disease, or in other words under the very conditions best adapted to prevent its spread if water-borne.

With this understanding of some of the more prominent general relations of the subject it becomes possible to enter into the study of details that are of the utmost practical importance. For example, in

investigating a series of epidemics confined to a single neighborhood, recurring year after year, the writer, following the lines that have been indicated, was able to secure very positive evidence, both clinical and microscopical, that burying typhoid material in the ground is no protection against flies. Such a procedure simply establishes a culture bed in which the bacilli, like plants, grow toward the surface, attracted by the warmth and other effects of the sun's rays in that location. If any prevention whatever is secured by such burial of typhoid material, without disinfection, it is very transient, especially when the weather is sultry. The application of this to the care of the sinks in the army is evident. Indeed, it is the key to the situation, so far as army conditions are concerned, the danger being greatly intensified by the utter heedlessness of many of the men. Discipline as well as accurate knowledge is required in order to make preventive measures a success in this case. Indeed, unless carefully looked after, there will be neither burial nor disinfection of such material, far too often.

Furthermore, the burial of typhoid material not only fails to prevent the immediate spread of the disease; it on the contrary actually perpetuates it in the locality from year to year. This was clearly shown in the series of epidemics referred to in the preceding paragraph, which came to an end at once when this mode of disposal of such material was abandoned and proper disinfectants were used.

The subject of disinfection in general demands revision from the point of view of the present discussion. The material employed must be suitable. If of a volatile nature, like carbolic acid, it must be remembered that on evaporation it will leave nothing behind to protect against reinfection, and consequently must be used in large quantities, and often, so that not a single particle of material containing living bacilli may escape to reinfect the entire mass. Sulphate of copper in solution, on the other hand, on evaporation is left behind diffused through the material, thus prolonging its effect, and even making it permanent, if a sufficient quantity has been employed. Earth containing sulphate of copper thus diffused, becomes a good disinfectant and may be used with confidence to cover typhoid or other infected material.

The time at which disinfection is to be performed is likewise of the utmost importance. If a case of intestinal disease is in progress, the material from the diseased bowel should not be exposed to access of flies without disinfection for a single moment, but should be received directly into sulphate of copper solution, or some adequate

disinfectant. It is taking serious chances to allow even a single fly to crawl over such material, and then visit articles of food and drink. No matter how cleanly the premises, or what other precautions may be taken, if instant disinfection be neglected, the danger becomes impossible to compute. On the other hand, a very little care at the right time yields a result that is an absolute certainty and that even a child can understand.

Among large bodies of men there will always be some who are negligent, and even among those who are thoughtful, the very beginnings of an attack of sickness may pass unnoticed. Thus there is constant danger that bacilli from the diseased bowel will be planted in the sink and there find opportunity to grow and propagate. Consequently there can be no security unless all excretions are disinfected instantly if possible. Just here the point that has been made in regard to sulphate of copper in solution as a disinfectant may prove to be the key to the situation. The writer has had large experience with its use for this purpose, and has been surprised many times at the way in which even so small a quantity as a pound or two diffused through several barrels of water checks putrefaction and all signs of bacterial growth in foul drains and the like. The fact that soil can be converted into a good disinfectant by its aid is likewise important. It is portable and its color is such that there is no liability of mistake, and it likewise has the advantage of showing visibly exactly how far it has penetrated. It would seem to be the ideal disinfectant for army use, if its efficiency is as great as the writer has been led to suppose. In the absence of water it can also be used dry with good effect, but a larger quantity is required.

If, however, during the exigencies of a campaign no special means whatever of disinfection are at hand, it is nevertheless possible to do much. For instance, it is a good plan to follow the example of the Indians, who change the location of their camps often. Although burying infected material is at best a very uncertain precaution as against conveyance by flies, still it may lessen the chances somewhat for a period of some hours, more or less, according to the quantity or character of the earth employed. Hence it may be resorted to as a temporary expedient, in default of a better, when a camp is to be abandoned very soon, for example, or in the interim between the hours at which disinfectants are to be applied.

If so cumbersome an arrangement as the tank fourteen feet long and two or three feet square, containing a strong solution of crude carbolic acid, to receive the excretions, as recommended by the

commission appointed to investigate the spread of diseases in the army can be had, and its use insisted upon, there is no doubt but that a vast amount of sickness will be prevented. The idea of its use is certainly based upon a correct understanding of the dangers involved, and is something new in army sanitation. Perhaps inventive genius may evolve something even better, and more readily available under all of the exigencies of warfare, now that it is known precisely what it is necessary to accomplish.

Pretty much everything that has been said thus far has had reference to the prevention of conveyance by flies, this being the greatest danger in camps. Still there may be times when the use of water that is liable to contain the bacilli of intestinal diseases cannot be avoided. It may be necessary also to use water from soil in which the plasmodium of malaria is indigenous. In either case boiling is a precaution that has the merit of absolute certainty. If it is possible to light a fire and make a little coffee or tea to drink on the spot, or to fill the canteens for subsequent use, it relieves the difficulty completely and at once.

With reference to this mode of escaping malarial disease by not touching water that has not been boiled, the writer has reason to believe that the security it affords is well-nigh absolute. It is possible that there may be some small conveyance by mosquitoes which are known to harbor the malarial parasites. There is a likelihood also that flies that have come in contact with freshly upturned marshy soil may carry the infection to some extent. But the chances in both these regards are so small that they are nothing compared with drinking the soakage from swamps fairly reeking with the poison. The deepening of wells in marshy soil may be of some assistance, especially if they are of the artesian variety, not admitting water except at the very bottom of an iron pipe. This also avoids contamination with surface filth and if such water could always be had there would be no need of other precaution. Under army conditions, however, it is better to cultivate the habit of boiling the water as a protection against diseases of the malarial type especially. There are many persons known to the writer who find it cheaper and pleasanter to do this than dose themselves with quinine while undergoing slow processes of acclimatisation so-called, on any change of residence, for it is a peculiarity of malarial infection that immunity against it in one locality does not always protect in another. Hence there is the greater need of preventive measures on the part of soldiers, who are liable to be constantly changing their location.

It is evident that much was expected in a sanitary way during the recent campaign against Spain, although it was organised in such haste. The American people do not appear to be willing to tolerate the idea that any of their boys at the front should be sick at all. At any rate if there has been suffering and death they want to know the reason why. It is a healthy symptom. But sanitation under the guns of the enemy is a hard matter, implying thorough knowledge and discipline. If anywhere this should be found, it is on the part of the American soldier who exhibited such magnificent initiative at Santiago. With the tremendous efflorescence of patriotic feeling, taking the form of sanitary inquiry in the manner that it has, the Spanish-American war of 1898 may come to be known as the war that saved more lives than it destroyed many thousandfold.

DISCUSSION.

THE PRESIDENT: The general subject of the camp of instruction, which I wish to remark is the only camp in which the meeting is concerned—the only one which the chair will hear discussed is now open. I shall call upon the speakers in the order in which they appear on the program.

The President then called upon G. H. Norton, Assistant City Engineer:

MR. G. H. NORTON: The question of sewers introduced by Major Babcock is one of comparative simplicity. One point in the selection of a site for such a camp would be the lay or slope of the ground, which I think should be considered to quite an extent. Judging from my experience in camps, most of them were pitched so that the headquarters were nearer the high points, the ground sloping either way toward the ends of the camp. If they were placed on a side hill, so that the slope would be toward a flank and the sewers located along the lines of the sinks, kitchens and hydrants, it would require the least possible amount of drainage, and would take advantage of the rise of the ridge to bring the flow out of either end of the camp, the men's at one end the officer's at the other. The greatest amount of flow to be cared for would be from the sinks, and baths—which seem to have been omitted from the discussion,—the kitchen slops, and from the hydrants at the company's streets. Storm water can be cared for in ditches on the surface. The water from the baths and hydrants need not necessarily be cared for in the system of sewers, but would probably be necessary to flush them.

If this is to be a permanent camp of instruction, its sewerage should be carried out with some definite plan, the disposal depending upon the surroundings of the camp. If it is to be partly of a temporary character, keeping in mind the reduction of expense as far as possible, they can be constructed so as to answer for a time of boxes, carrying them along the slopes near the surface and following closely the contour of the ground, at very small cost. The disposal by dilution, that is flowing into streams, while not an ideal one, is conceded to be the cheapest and easiest method, and without objection under certain circumstances, as reported by some of the most eminent engineers of the day, with reference to Baltimore. That is, if a large body of flowing water can be reached where the amount of dilution is sufficient and out of reach for drinking purposes. Failing this, I think chemical precipitation would be desirable. If we were to undertake to use broad irrigation or filtration, I should fear flies, of which I have some horror myself, as seen around a camp.

DR. W. D. GREENE: Of course, in supposing that we are to have a permanent camp we must pre-suppose a supply of pure water, yet we sometimes find that it is not possible to procure as pure a supply as we could wish. Possibly it is pure when the camp is first located, to be later contaminated. In point of excellence I should say that spring water would be the best we could find; the next perhaps deep well water; then water from rivers and lakes, then, lastly, shallow well water. In cases of this kind, I think I have seen it stated in papers in several instances that soldiers are, as a rule, irresponsible beings to be compared to a lot of children, and it would seem to me very desirable that these men should be instructed as to the kind of water that they should drink as they are being instructed in military tactics, that they should be taught that it is very wrong to stop in a swamp and take a drink of turbid water and they could be perhaps made to understand that drinking water of this character is prohibited. Now, it is possible that with a system of pipes carried through a camp of this character, the water may be contaminated, and if this camp is to be a permanent one, used for years for the instruction of raw recruits and making soldiers of them, it may be necessary to filter the water, which would call for a great deal of expense. The best filter for ordinary use is something akin to the Pasteur filter, but of course the supply and delivery would not be large enough. The sand filters, then, it seems to me, would be the best; they are used largely in Europe and can be constructed without enormous cost. When we consider

Mr. Gardner's contract for paving we could probably put in one for a good deal less than the usual amount and of a permanent character. Then as to the location of the water supply. I visited one camp this summer where a good many regiments were located, where I found a pump which supplied one (and I do not know but what two) was so situated that the surface drainage from these two regiments came directly down to it. That camp site was picked out, I presume, by persons who were competent, but whoever located that pump at the lowest possible point of surface drainage made a mistake; at least the regiment had a great deal of sickness. I would, therefore, say that the water supply, should it be at all suspected, should be passed through a sand filter, which will take out 99 per cent. of micro-organisms. It is conceded by every one that pure water is a necessity, and in order to get it we should have to have a filter, and such a one as would filter all the water.

MAJOR EUGENE A. SMITH: I find myself somewhat out of sympathy if the subject is to be camps of instruction. I can mention two or three which are as nearly perfect as can be; for instance, Peekskill in this State and Mount Gretna in Pennsylvania, are properly arranged for the disposal of sewerage and have good water supply. I take it the subject for discussion is camps of mobilisation, such as Camp Alger, for instance.

I have learned from the essayists this evening, points which I wish I had known better last summer, when I was in charge of four companies at Camp Alger, and thinking more of military matters than medical subjects. We should then have discussed the laying of sewers, the arrangement of a deposit plant and the excreta might have been collected, disinfected and made harmless. With the matter of the water supply, we might have profited also if we had known some of the things mentioned this evening, or had given any attention to them at all.

In regard to statistics, I am very sorry the subject was not taken up because it might have been made a very interesting line of thought.

It may be said of the letters read at the beginning of the evening, that they are very interesting. The one from General Merriam speaks of the importance of this class of camps (mobilisation), saying if there had been four of them at the beginning of the war, it might have saved many lives. He mentioned that there is great difficulty under such circumstances as we found at Camp Alger in maintaining health. I would say that it is a matter of impossibility; disease is certain to break out in more or less severe form.

To begin with, one ought to say that camps are under control of the most radical kind and hygienic errors can be placed at the door of the guilty man. The right of eminent domain in a city is represented in a camp by an autocratic power; it is under the control of one man in the way of making it absolutely perfect. He is the commanding officer, and has for his advisor the surgeon in matters of hygiene. Given a pure water supply and a proper disposal of sewerage and garbage, permanent camps should be healthy. Permanent camps are those to be occupied for two to three weeks or longer. Temporary camps are those made on the march, used from twenty-four to forty-eight hours, and they do not come under discussion this evening.

With regard to disposal of sewage and garbage in permanent camps, we have three ways of disposing of it. First, of the garbage; it can be disposed of by burning, burying, or by deposit in garbage cans or boxes and transporting it away. As for burning, the permanent camp may be near the enemy and for various reasons we could not burn it. About such a camp as at Camp Black we had large heaps of refuse which would not burn well and if we left it on the ground to dry we ran the risk of infection by flies, so that burning is not always satisfactory. Under such circumstances we had to bury the garbage, digging successive sinks and burying it as it collected. If the camp is to be in use one or two months, as Camp Black, garbage can be put in boxes and contractors can collect it in wagons from day to day, much as in cities, and certain parts can thus be disposed of. The slop element can be thrown into sinks and be disinfected. The vegetable element the farmers will carry away and use for manure. At Camp Alger it was not always done because the contract with the individual owning the land gave him the control of the disposal of the garbage, and he would not allow it to be taken away unless he were paid for the privilege. Consequently it collected in heaps and became a source of infection. Bones and the fat of meat discarded by the company cooks were very often carried away for fertilizing material or soap-making, while the cooks often got money or fresh vegetables in return. However, this was soon stopped by the man who owned the land, who wanted a pecuniary recompense himself. By burying such material the ground soon became polluted, successive sinks left pit-holes in which horses would mire; when one regiment moved away another moved near or directly on the same spots, which became a source of danger to men walking across the ground, especially after a rain. Peddlers in order to get garbage for manure

would give the cook or cook's assistants liquor for the privilege of carrying it away.

As to the disposal of sewage in temporary or permanent camps, sinks constructed as mentioned here tonight near the camp are always a source of danger, even with the best of care. If distant from the camp, the men will not use them at night, especially if sick, and are likely to deposit fecal matter nearer by. It would take about all the men in the camp for sentry duty to prevent sick men and vicious, lazy men using the ground between the sinks and the camp for their deposits. If placed too near and on small areas of ground, they are infested with flies. It was common to see flies in swarms in these sinks and a short time afterward; when mess call sounded, they changed their location to the neighborhood of the cook's outfit and disputed with the men their right to the food.

The next question is that of rain. When it occurs in a camp, planned as this one, (see figure in February JOURNAL, page 495,) unless it were placed on a ridge like a saddle sloping both ways, somebody is bound to get the benefit of the water from the sinks, as you have them on both flanks, and water will flow toward either the officer's end or the men's end. The question of soakage has not been taken up to any great extent. Frequently the wells were so placed that the flow of surface water, as far as one could tell without knowing the composition of the soil thoroughly and the lay of the land, would drain toward the point where the wells were placed. It was a merciful thing that we did not stay much longer at Camp Alger, for I am very certain that had the well become infected, which it must have been in time, about one or two men out of the regiment would have escaped typhoid fever, instead of two or three hundred having it. 200 or 300 out of a regiment of 1,300 men is an enormous percentage.

In a permanent camp what can be done in the way of disposal of sewage? Under the plan, as laid down by the engineering authorities, it would seem as though some pipe system might be readily arranged and a deposit plant established at a suitable point where sewage material, particularly excreta, might be collected and disinfected. I had the opportunity to see just such a plant at the Soldiers' Home at Bath, where I was assured by Col. Shepard that they had never had but one case of typhoid fever. If the permanent camp be in the nature of a camp of instruction, there is no excuse whatever for not having a perfect water supply, closets properly trapped leading into pipes, disposing of the sewage material by flow into some stream in

the neighborhood—a method much objected to by Dr. Clark and very properly—or carried to some point where it can be collected for manure after disinfection. Such camps should be prepared in time of peace by the government.

A number of other thoughts occur in this connection; for instance, in a camp of instruction where men are ignorant, they should be taught. Unfortunately in the camps with which we had experience they were not instructed and until the epidemic began we did not begin covering the dejecta, nor had we disinfectants until August, and when they did come they were very irregular as to the amount, time of delivery and the way we used them. The subject might be continued indefinitely in regard to the inexperience of cooks, cooking, the kitchens; lack of tables and consequent necessity of putting dishes on the ground and eating from them; want of store-houses and the way in which our rations were sent to us to be kept in the captain's tent for fear some one would appropriate them; and later the keeping of these rations in the supply tents, where they very soon became garbage, under the influence of heat, moisture and flies.

THE PRESIDENT: The next subject is the presentation of the question of having some portion of the hygienic camp made impervious to moisture, to emanations from the soil, and at the same time of such material as may be kept absolutely clean, absolutely hygienic. The club is aware that this matter is a little bit novel, and we present it for your inspection with all the timidity with which the newly born ordinarily come up for inspection. We believe that the principle is sound, that to make soldiers comfortable, to keep them free from contaminating inhalations, even occasionally to keep them out of the mud in the pursuit of their regular official work, is not out of place in a camp of instruction, which the chair wishes you to get into your minds as the only camp with which we have any concern. Walks and streets will be presented by Mr. H. C. Gardner, 74th Regt. N. G. S. N. Y.

MR. H. C. GARDNER: I understand in this discussion we refer to permanent camps; the matter of paving cannot be considered in connection with the temporary camp.

To begin with I may mention two or three kinds of paving, such as asphalt, an impervious material to keep the moisture from arising from the grounds into the tents and also to run it off by way of the sewers. Then there is concrete. Asphalt has its drawbacks, so has concrete. The main trouble with asphalt is that it has a bad odor,

particularly in warm weather, and in very warm weather it is somewhat plastic. It is also very hot and more expensive than concrete. Concrete absorbs less heat, consequently will radiate less and will practically last forever, if properly laid. It is very hard and rigid, entirely impervious to moisture, and if properly pitched to drain, will run all surface water away. (Speaker here referred to figure printed in February JOURNAL, page 495.) The whole area occupied by the battalion and company officers should be paved in one square and have small walks leading to it, which would be somewhat expensive. Small walks should also lead to the sinks, and floors of the tents should be paved separately. If the camp were located near a place where sand or gravel could be had for the hauling, concrete would be very much cheaper than asphalt and at the same time somewhat better. The price per foot for concrete would range all the way from 10 cents to 15 cents and would be something that would last practically forever. In smaller quantities than here represented the price would be relatively higher. In a camp such as this, containing (see figure in February JOURNAL, page 495,) 141,466 square feet in these lines, the paving would cost more than the sewering and water supply combined—more than everything else. The cost of concreting spaces where absolutely needed, *i. e.*, officers' baths and sinks, hospital quarters, officers' kitchen, company kitchens and company baths and sinks, would approximate $700.

DR. A. H. BRIGGS: The subject presented is so broad that I hardly know where to begin, but will promise, however, to take but little of your time. Whenever a body of troops is seen marching away to war, the unthinking almost invariably associate their death, should it overtake them, with bullets, bayonets and swords; but the history of all wars, with one exception, shows that this is relatively a very rare cause of death to the soldier. If we go back to the Crimean war, and I give you the statistics from memory, the Russians lost 30,000 men, or about that, from wounds received in battle. They lost 600,000 from disease. In our own war of the rebellion about 104,000 men succumbed to their wounds, and 186,000 to disease., The only war that history gives us where deaths from wounds received in battle exceeded those resulting from disease was the Franco-Prussian war. But that war was short, sharp and intense. The battles were terrible in their destructiveness; the troops were surrounded with good sanitary conditions and were constantly moving. For that reason the deaths from wounds, for the first time in

history, exceeded those from disease. Now, there was not a surgeon that went into the service of the government at the beginning of the late war but was familiar with all these facts. There was not a man that did not study them, that did not resolve that if possible he would prevent this terrible loss from sickness among the troops over whom he had control. The experience we had in the war just ended was short and very instructive. I thought when I left Buffalo that memorable May afternoon that I knew something about typhoid fever—the cause of its infectiousness and its spread. I am satisfied, Mr. President, that I have very much yet to learn. There are those among us who remember the old-well period in the City of Buffalo, when we used to have little groups of infection near the wells scattered about the city. Those wells were suppressed and typhoid ceased.

You remember, too, the memorable epidemic at Plymouth, Pa., where typhoid spread so rapidly through the community and was clearly traced to the water supply. There about 1,000 out of 10,000 people were infected in one borough, a hundred of them dying of the disease, all infected from one individual through the water supply. We were prone to believe that the water supply was the main, perhaps chief, possibly the only, cause of the spread of the disease. And it became known as one of the water-borne diseases.

Now what was the condition of things we were confronted with at Camp Alger? In speaking of the water supply it can be disposed of as the Professor did the subject of snakes in Ireland, there was none. There was no water supply in the early days of the camp except what God rained down on us. Later the contractors drilled down into the dirt, to the underlying rock, apparently in the most convenient places for them to dig. Some of the water was good. That for the 65th Regiment was clear, cold and odorless, but as graphically described by Major Smith and Dr. Green, the well which supplied it took the surface drainage from the whole 1st Brigade of nearly 5,000 men. We looked upon it with distrust, fearing it would become contaminated. Permit me to say that the regiment stayed on one camp ground sixty-two days, so long that the soil became so thoroughly stale that a week after they had left, and after it had rained, as some here will remember the down-pour for several days, in spite of that I say the deserted ground gave off an odor that we could attribute to nothing but contamination of the soil itself. Finally there broke out in the midst (2d Army Corps) typhoid fever. It struck the regiments in a peculiar way. In some regiments it would take one company. Company E of the 65th was made up of better men in a social way, men,

as a rule, of better opportunities in life and men of means, it struck that company and went through it like wildfire through punk, confining itself almost entirely to that company for a long time. It was the same with the 12th Pennsylvania. One company was infected almost to a man. Why were not the rest? They had the same food, the same water, breathed the same air, slept under the same kind of tents, but in spite of all that, the disease persisted in confining itself to one company. You could not lay it to the water supply, for all drank from the same well. The cause, or source of infection, was the problem of the day; and is the unsolved problem to this hour.

The Secretary of War has a learned board whose members are still investigating that question, made up of men of national repute, like Reed, of the Army; Vaughan, of Ann Arbor; and Shakespeare of Philadelphia. They are not satisfied, I presume, as to the cause of the spread of typhoid fever in Camp Alger today. What is the relative importance, then, of flies and water in the conveyance of typhoid fever? The paper of my friend, Dr. Veeder, is one of the most instructive I have ever listened to. It was suggested by the army board, to which I have referred, that flies might possibly be a source of infection. I think myself they were. I am thoroughly convinced that in the latter part of our own experience at Camp Alger flies were the principal source of contagion. During the last few weeks every bit of excrement was covered promptly by every man; a guard stood ready to enforce the order, and it was complied with in every regiment of the corps. We went so far as to wash the dishes of the men, to boil them, we filtered the water, but I fear we "locked the door after the horse had been stolen;" the fever was there and spread rapidly in spite of all we could do to prevent it.

The most unsanitary regiment on the ground was the 3d Virginia. Their sinks in spite of everybody would at times overflow the ground in all directions. But for some reason they had the less typhoid fever than any regiment in camp. The most sanitary regiment that came to us, and one that had all of our experience to guide and warn them was the 1st Connecticut. They came down from Maine, where they had spent the summer, in the latter part of July. They had not a sick man in the regiment. They came down in perfect health, selected a good healthy spot for their camp and availed themselves of every bit of knowledge that we had gained at such great cost, priding themselves on leaving Virginia with a clear bill of health. Before we left they had sent a whole train-load back to Connecticut sick with typhoid fever; we left on the 3d of September and on the Monday.

following they were preparing to send another train-load of sick men home. They had one of the most alert sanitarians I have ever known for surgeon. Now, was it due to flies or their water supply? I am unable to tell. It might have been the flies, but I think their water-supply was also infected. They were on their guard against all outside contamination. They were the only regiment in the whole corps which did not go away on a practice march, which, in my opinion, is an invention of the devil in a camp of instruction. It is a dangerous thing in an infected country like Virginia, to send men away from camp to drink in every hole they come to; and bathing anywhere they can. There are not enough officers on earth to prevent dusty, hot and thirsty men under such circumstances from violating every sanitary law.

To return to the question: we know that a water supply when contaminated is dangerous. I presume that flies may be, and I fear they were, the cause to a considerable extent of the spread of typhoid fever at Camp Alger. There is one thing I wish to say in conclusion and that is, that the Second Army Corps, should the President want soldiers next year—could go into the service a great deal more efficient than before, because they doubtless have learned many things, particularly as sanitarians and how to take care of themselves.

DR. WILLIAM WARREN POTTER, in closing the discussion, said: In my view there are three divisions of camps which should be discussed with reference to hygiene; the permanent camp, which for the sake of simplicity we call a camp of instruction, the camp of mobilisation, which Major Smith has so graphically described, and, finally, the bivouac. If we consider the permanent camp or camp of instruction with reference to hygiene, it ought to be a problem of easy solution. With modern knowledge of sanitation and engineering, and with the economic methods of applying the money necessary to develop it at hand, it seems to me it ought not to be difficult to create an ideal camp. But it is well to determine just how large a camp we are to construct before we can understand just how it shall be erected, or how much it shall cost. Shall it be a camp for a regiment, a brigade or a division? I believe the division is as near the unit for consideration of most questions as we can reach.

We may start out with one of the clearest propositions, and that is that the most dangerous place for the soldier is in camp; or as has been so well stated by Dr. Briggs, the dangers of the firing line are far inferior to those of the camp. With regard to the question of

military economics the sanitation of the camp where the soldier is to be received for the preparation of his military life, presents a problem of the utmost importance for the government to consider. Especially is it so at the present time when we are contemplating the enlargement of the army to two or three times what its peace footing has been for some years. If we have an army of 100,000 men in contemplation, then we must raise nearly 40,000 more men. These must then be trained. You have been told by Lieut. Harris that in the regular army the recruits are drilled four months before they are sent to their regiments and that they are there drilled four to six months more as recruits before being finally distributed to their companies. Why? It is for the purpose of teaching them something which nothing but time and stern tutelage will acquire—discipline. To teach them how to take care of themselves personally, is just as much a part of the instruction that the regular army officer imparts to his men as is the manual of arms. They first make the recruit clean, and then teach him how to keep clean. But, in spite of all this, I am constrained to agree with Dr. Briggs that there is no power on earth which will prevent the thirsty soldier in general from drinking almost any kind of water when on the march; he will drink where he will if he is very thirsty. However, the provident soldier, the one who has been well trained, will provide something in his canteen like cold coffee, if he is going to make a long march, and at worst he will not drink from by-places as quickly as an inexperienced man.

It is conceded that we are to discuss on this occasion the camp of instruction and having properly located it, there then are presented questions of economics and of statistics, as well as several others of great importance. The ground, it must be confessed, has already been pretty well plowed and harrowed in regard to most of these in the papers and discussion, hence I shall touch but lightly on some of the more general features. In the camp of instruction or permanent camp, such as we have under contemplation for a division, I think it would be advisable not to permit a single well to remain within a reasonable distance of the camp. I would begin, as Dr. Briggs said was done in Buffalo a few years ago, by filling up the wells nearby and then bring the water from a distance. It should be guarded so thoroughly at its source that no man could contaminate it without risking his life. It should be piped and distributed in accordance with the plans laid down by the engineers, for this is not a problem for the doctors to determine, but one for the engineers to settle. The

principal point to be remembered is that we must not only start with pure water, but we must guard it so that it shall always remain clean. It is an interesting fact, and one that I trust you will pardon me for referring to, that we are discussing this question in the very neighborhood of the place where the first knowledge of typhoid poison was developed and sent forth to the scientific world. Within the County of Erie, in 1843, a distinguished physician then residing in Buffalo, Dr. Austin Flint, discovered its source, and his investigations have become one of the most classic stories in medicine.

With a pure water supply and thorough care of the excreta, the other questions, such as paving, sewering, etc., are so plainly and definitely laid open to us through our present knowledge of sanitary engineering, that it would seem to be easily within the power of the government to establish such a place for the instruction of soldiers, as shall prevent the repetition of the unfortunate circumstances which contributed to bring us much discredit during the late war. Permit me to remark just here that I think there was one very important reason that caused much difficulty last summer, one that could not be overcome—namely, the war was too short to prevent the proper establishment and maintenance of hygienic camps constructed on the lines contemplated in this discussion. We raised 260,000 men, put them into the field, fought campaigns on land and sea, captured more men and territory than has ever been done before in the history of the world, and with less aggregate loss, considering time, number of men and results, and this notwithstanding the great difficulties we had to contend with.

There is almost no end to what might be said on this interesting general subject, but I will not further tresspass upon your valuable time, except to add simply one statistic, since I was expected to say something on the subject of statistics. Notwithstanding the fact that we have been told that typhoid fever is a preventable disease, and have been excellently instructed by our friend from Lyons, Dr. Veeder, as to the manner by which the infection is conveyed, I have lately seen statistics which I have no reason to doubt, giving the death-rate per million in civil life; and how many do you suppose died of typhoid fever? You may possibly be equally astonished, as I was, to learn that it is 48,000. So, if, in civil life, out of every 1,000,000 deaths, 48,000 die of this preventable disease we need not criticise our army friends too severely when they have a death list of a few per cent. the highest point as I remember being 4.8 per cent., reached in August.

DR. BENEDICT: A question I would like to ask is, how many men of a regiment, which could be taken as a type, could be reasonably expected to develop typhoid? In other words how many were immune?

DR. A. H. BRIGGS: A great many cases were put down as typhoid which were not, many being malarial cases. Statistics for the regiments are gradually being evolved, which I shall be glad to furnish later.

DR. MILLER moved a vote of thanks to those who presented papers which was carried unanimously.

Meeting adjourned.

A CENTURY OF MEDICAL HISTORY IN THE COUNTY OF ERIE.—1800-1900.

BY WILLIAM WARREN POTTER, M. D., Buffalo, N. Y.

Pioneer Physicians—Medical Societies—Medical Colleges—Hospitals—Medical Journals—Women Physicians—History of Homeopathy—Medical Officers of the Civil War—Individual Members of the Profession.

[*Continued from the March edition.*]

IN THE foregoing pages it has been the aim to give a statement of facts with reference to the history of medicine in Buffalo and Erie county during the past 100 years. It has also been the purpose to deal principally with first things giving in detail the organisation of medical societies, hospitals, institutions and everything connected in a public manner with medicine. At the outset it was also necessary to write somewhat elaborately of individual members of the medical profession, since they alone in the early days constituted its guild.

As a conclusion, however, it seems proper to deal with medicine in a broader aggregate, showing what has been accomplished during the century now drawing to its close and in which the physicians of Erie County played an important part. Jenner had but just discovered vaccination when the history of medicine in Erie county began, and the physicians of that early day, at first slow to adopt it as a preventive or amelioration of smallpox, were among the earliest champions of this discovery and some of them lived to see it put into general practical application as well as to witness the realisation of this great triumph of preventive medicine.

Singularly enough, after Jenner's discovery it was almost fifty years, *i.e.*, not until 1846, before the next great advance was made in the field of prevention. The discovery and application of anesthesia to the prevention of pain in surgical injuries and operations produced a more profound impression upon the medical world, if possible, than did vaccination. The first successful employment of anesthesia in surgery occurred in the Massachusetts General Hospital, at Boston, October 16, 1846, the same year that the Buffalo Medical College opened its doors for instruction. The teacher of surgery, Professor Frank Hastings Hamilton, began early to make use of anesthetics in his surgical work, and he played an important part in early establishing their use upon a practical basis. It was not long before Professor James P. White, Dr. George N. Burwell and others, acting on the suggestion of Sir James Y. Simpson, of Edinburgh, demonstrated the practical employment of anesthesia in the practice of obstetrics, which has led to an amelioration of the pangs of maternity. In Buffalo, too, demonstrative midwifery was first practised in America, a system that provoked criticism at first, but that since has been adopted everywhere as the only proper method of teaching that art. The courage displayed by Dr. White on the historic occasion referred to has served to give his name distinguished prominence in connection with the teaching of midwifery, and to make Buffalo famous as the place of its origin.

The exact method adopted by Professor Frank Hastings Hamilton in the treatment of fractures and the perfection of measurements which he insisted upon, served to reduce resulting shortening and deformities to a minimum. During the fifteen years of his residence in Buffalo and while he was teacher of surgery at Buffalo University Medical College he laid the foundation for perfected methods in the management of bone injuries. He also wrote a treatise on fractures and dislocations that became a text-book in nearly all the medical colleges in this country and in Europe and which has been translated into several foreign tongues. He was a disciple of Sir Astley Cooper and of Masoneuve, a forceful and accomplished teacher, a scholarly man and a distinguished surgeon. He left the imprint of his teaching on the medical profession of Buffalo in a lasting manner.

The clinical study of diseases of the chest was first reduced to precision by Dr. Austin Flint while he was a resident of Buffalo and a teacher in the medical college. He had a musical ear, capable of detecting abnormal chest sounds in the minutest degree, and he was the originator of methods in the teaching and practice of internal

medicine that attracted the attention of the professional world. Dr. Flint also discovered the fact that typhoid fever was a water-borne disease and startled the world by his announcement of that fact. He became one of the most distinguished physicians of his time and left a lasting impression on the annals of medicine.

It was in Buffalo that the teaching of physiology was first in this country reduced to an exact science through vivisection and laboratory experiments under the masterly hand of Professor John C. Dalton. He came to Buffalo fresh from the pupilage of M. Claude Bernard, of Paris, whose methods he adopted. He attracted the attention of students of physiology everywhere and was soon invited to New York, where he continued his great work in an enlarged field. Physiology at once took rank as a foremost science which will always bear the impress of the name of Dalton.

The establishment of a medical college in Buffalo in 1846 has contributed largely to the professional development of Western New York and especially of Buffalo and Erie county. By far the larger number of physicians of this region are its graduates and it still flourishes in its new home with enlarged facilities for teaching, as one of the most respected medical colleges in the land. Its younger sister, Niagara University Medical College, established in 1883, took from the start a high ground with reference to medical education and increased length of college terms. It succeeded in making its principles recognised and patterned after. These two schools were a credit to the medical profession and the age. And when they were amalgamated in June, 1898, they further accentuated the principles that had governed both from their inception. The faculties of these two schools acting together in a common cause must of necessity make a stronger college than when working separately with divided interests.

The medical societies in Buffalo and Erie county have also exerted a beneficial influence in training physicians to thought and action and in making them abler and better exponents of established medicine. We have in these pages devoted considerable space to the several medical societies because, after all, these are the important avenues through which medicine marches to its appointed place in history. When a man becomes a frequent contributor of papers to his local medical society and is ready to take part in the debates that arise from such contributions, he establishes himself in the minds and hearts of his fellow-citizens as a progressive physician entitled to confidence. Such papers and debates when printed, as they should

be, in the home medical journal at once become a part of the history of the medical profession of that region.

During the century just closing, medicine has advanced so markedly that it has hardly been possible to keep pace with its strides. But it is a gratifying fact to be able to record in these pages that the guild in Buffalo and Erie county has kept the faith and stands abreast in intelligence and science with its professional brethren in any quarter of the globe.

An enumeration of some of the more prominent inventions and discoveries made during the closing century relating to the medical profession and which have contributed to the cure of disease and the lengthening of human life will, in this connection, not be uninteresting. Without attempt at chronological accuracy the first to be mentioned is vaccination, then chloroform, next the stethoscope, which has so developed and perfected the study of the most obscure maladies of the chest; the endoscope, the laryngoscope, the otoscope, the ophthalmoscope and the speculum, all instruments used in lighting up portions of the interior of the body; the clinical thermometer, which guides almost unerringly in discerning the nature and severity of many diseases; the sphygmograph, that makes the pulse write out the story of the heart throbs; the marvelous revelations of the microscope; the hypodermic syringe, which enables us to treat many diseases inaccessible to therapeusis through the ordinary channels; the aspirator, which aids in the diagnosis and treatment of many surgical diseases; the Esmarch bandage, that permits the most important operations without the loss of blood; the development and perfection of operations in the various cavities of the body—cranial, thoracic, abdominal and pelvic—for diseased conditions, new growths and injuries; the discovery and application of the principles of asepsis and antisepsis as related to surgical and obstetrical procedures; the study of the germ theory of disease in connection with the science of bacteriology; increased knowledge and improved methods in public health administration and general sanitation relating to the prevention of disease; the application of the principles of higher medical education as related to methods of teaching and lengthened terms of study; the separate examination by the state, apart from and independent of the colleges, for license to practise medicine; and finally the x-ray and other electrical devices that are useful in the study and treatment of surgical diseases. These, together with a refined chemistry and perfected pharmacy, are among the contributions of the XIXth Century to the glories of medicine.

It is gratifying to have lived in such a period and to be able to record the fact that the medical profession of Buffalo and Erie county has not only witnessed these advances but has taken an active part in either discovering, developing or perfecting many of them.

[*Concluded next month.*]

Progress in Medical Science.

PHYSIOLOGICAL CHEMISTRY.

By JOHN A. MILLER, Ph. D.

ABSORPTION AND EXCRETION OF IRON IN THE HUMAN AND ANIMAL BODY.

A. Hofmann, Zurich (*Virchow's Archiv.*, 1898; *J. Chem. Soc.*, 1898). Microchemical investigation of the wall of the alimentary canal shows that in man the principal absorption is in the duodenum. The appearances are little different when medicinal doses of iron are added to the food; the liver, and especially the spleen, are places where the iron is stored, whilst it is excreted by the kidney and large intestine. Analogous results were found in the guinea-pig. It is believed that inorganic salts of iron are capable of absorption.

METABOLISM IN LEUCEMIA AND PSEUDOLEUCEMIA.

Waclaw von Moraczewski (*Virchow's Archiv.*, 1898; *J. Chem. Soc.*, 1898.) Complete tables are given of the analyses of food and excretions in a case of leucemia and in one of pseudoleucemia; the observations extended over a prolonged period. As a result, leucemia is characterised as a nitrogen and phosphorus disease; pseudoleucemia as a nitrogen disease. As in other forms of anemia, they may also be regarded as chlorine and calcium diseases, that is to say, there is a retention in the body of the substances mentioned; the katabolic side of metabolism is in abeyance and this is possibly connected with diminution of oxidation processes. Treatment with spleen tabloids had practically no effect; with oxygen, the excretion of phosphorus and calcium is increased; with thyroid tabloids, the metabolism becomes almost normal.

ESTIMATION OF GLUCOSE IN URINE BY MEANS OF METHYLENE-BLUE.

GOFF (*J. Chem. Soc.*, 1898). Although urine decolorises methylene-blue, it has no such action if it has been previously strongly diluted. Urine may, therefore, be tested for glucose by adding to 1 c.c. of the diluted sample (1:3) 5 c.c. of a solution of methylene-blue (1:5000) containing a few drops of aqueous potash. Normal urine remains blue, but diabetic urine is at once decolorised or turns pale yellow. To render this reaction quantitative, 30 c.c. of methylene-blue solution mixed with 1 c.c. of 4.5 per cent. aqueous potash is added drop by drop to 1 c.c. of diluted urine, covered with a little xylene and placed in boiling water until there is a permanent blue coloration. The xylene serves to protect the solution from atmospheric oxygen. The sample of urine should not contain more than 0.3 per cent. of glucose. One c.c. of 0.1 per cent. solution of glucose requires 6.5 c.c. of the reagent. Urea, uric acid, sodium chloride, creatinine, peptones, albumin do not reduce the blue; biliary matters turn it green.

CHEMISTRY AND ACTION OF THE THYROID GLAND.

ROBERT HUTCHISON (*J. Physiol.*, 1898; *J. Chem. Soc.*, 1898). The iodine contained in the colloid matter of the thyroid varies considerably and averages 0.309 per cent. Of the digestion product of the colloid, only those which contain iodine are active. Iodised nucleo-albumin, made artificially from the thymus, has no physiological activity, and increase in activity of the thyroid colloid is not produced by artificial addition of iodine, although in the natural products the amount of iodine and the activity vary directly. Intravenous injection of the colloid has no effect on blood pressure, heart or coagulation of the blood. Thyroid extracts produce a fall of arterial pressure, but this is due to extractives and partly to mineral salts present.

Previous removal of ovaries or testes has no influence on the results of thyroidectomy and ovarian feeding has no curative influence in myxedema. No poison was discovered either in the bile or the central nervous system after thyroidectomy.

Of twenty-four consecutive cases of complete thyroidectomy, only four survived; this number can only be slightly increased by thyroid feeding. Para-thyroid feeding has no effect in myxedema. Keeping the animals warm after the operation has no effect.

CHANGES IN THE URINE PRODUCED BY EXERCISE AND BY TURKISH BATHS.

G. C. GARRATT (*J. Physiol.*, 1898; *J. Chem. Soc.*, 1898). Rapid but not laborious exercise (on a bicycle) produces an increase in urea excretion, reaching a maximum in twelve hours, but not regaining the normal level for thirty hours afterward, the increase beginning immediately after the exercise. If the subject is not in good condition or the food insufficient, the rise is greater and lasts longer. There is an increase in the acidity after exercise which runs parallel to the urea, and a small increase in the urinary phosphates which follows the same course. The increase in the sulphates is proportional to that of the urea, but is of less duration and therefore of more intensity; it begins during the exercise, reaches a maximum in six hours or less, and terminates within twelve or fourteen hours. The chlorides of the urine diminish and vary with the amount of sweating. Turkish baths produce a reduction in the water and the chlorides excreted by the kidneys.

SUGAR AS A FOOD.

AUGUSTE CHAUVEAU (*Compt. rend.*, 1898; *J. Chem. Soc.*, 1898). The general conclusions arrived at in this paper are as follows: The quantities of sugar, or of fat, that it is necessary to add to a given ration of meat in order to obtain the best diet for a man in work are not isodynamic quantities. An energy value of 0.756 in sugar is generally as effective as an energy value of 1.0 in form of fat, and under conditions the advantage of sugar may be still greater. In the case of sugar, the ratio of nutritive value to energy value is not constant, but may increase considerably when new tissues are being formed or an exhausted organism is being revivified, whereas in the case of fat the ratio remains practically constant. The increase in the relative nutritive value of the sugar is due to the fact that it promotes assimilation of proteids and reduces dissimilation. It follows that if it is misleading to reduce the nutritive value of a food simply from its heat of combustion, it is equally wrong to deduce this value exclusively from the facility with which the food is converted into muscular glycogen. As a matter of fact, the nutritive value of a food depends not only on the energy that it is capable of supplying but also on the indirect influence that it is capable of exerting in the renewal and formation of the anatomical elements of the body.

From whatever point of view the matter is regarded, however, the superiority of sugar over fat is very distinct.

The author has reason to believe that these conclusions apply in the case of men at rest as well as in the case of men at work.

ABSORPTION OF IRON IN MAN.

G. HONIGMANN (*Virchow's Archiv.*, 1898; *J. Chem. Soc.*, 1898). Hoffmann's experiments on animals prove that absorption of inorganic preparations of iron takes place in the intestine. The present observations on a patient with a fistula in the lower ileum, and in whom the large intestine was thus rendered functionless, show, from examination of the intestinal contents during the administration of *ferrum citricum oxidatum*, that Bunge's hypothesis has no foundation, and that the alimentary canal, as far as the ileum has the power to absorb as much, is 0.33 gram of iron in two days. The urine only contained traces of iron.

ESTIMATION OF INDICAN IN URINE.

AMANU (*J. Chem. Soc.*, 1898). Twenty c.c. of urine is gently shaken with a few drops of sulphuric acid, 5 c.c. of chloroform and 5 c.c. of a 10 per cent. solution of sodium per sulphate; the indigo thus generated dissolves in the chloroform, coloring it a more or less deep blue.

This reaction is more delicate than the oxidation by means of a hypochlorite, hypobromite, or permanganate, and is not interfered with by the presence of albumin. Scatole gives a reddish violet coloration with the reagent, but the coloring matter does not pass into solution in the chloroform; the intensity of the color corresponds with the amount of scatole.

NEW METHOD OF DISINFECTION.

R. WALTHER and A. SCHLOSSMAN, (*Jour. Pr. Chem.*, 1898; *Jour. Chem. Soc.*, 1898,) after a lengthy review of all the known methods of disinfection, the authors state that by far the best results are obtained by using a solution of formaldehyde in glycerine, which they call "glycoformal." This is dispersed through the room to be disinfected in the form of a very fine mist, half an hour sufficing to absolutely destroy all germs.

PEDIATRICS.

REPORTED BY MAUD J. FRYE, M. D.,
Clinical Instructor in diseases of children, Medical Department, University of Buffalo.

TREATMENT OF THE FEVER OF PNEUMONIA IN CHILDREN.

HENRY DWIGHT CHAPIN, in a paper read before the pediatric section of the New York Academy of Medicine, (*Medical News*, November 19, 1898,) says: "Fever *per se* does not call for treatment. The indication for treatment is not the degree of fever, but the disturbance the fever is causing. Phenacetin is the only coal tar preparation to be used; antipyrin and acetanilid never. The application of water is on the whole the safest and most satisfactory method of controlling dangerous hyperpyrexia. Cold to the head will sometimes cause reduction of temperature. Finely cracked ice placed in bladders from which the surplus air has been expelled may be molded around the head, especially at the vertex and occiput, or an ice poultice made by mixing finely cracked ice with linseed meal in oiled silk may be used. If cold to the head does not accomplish the reduction of temperature, compresses may be applied directly to the chest. The child is stripped, wrapped in a blanket and placed on a table. A stimulant is given and the feet are placed in contact with a hot water bottle. A compress sufficiently large to surround the chest, and slit at the axillary portion to permit fitting, is wrung out of water, ranging in temperature from 70° to 95° and applied to the chest every ten or fifteen minutes till the desired result is obtained. With a high temperature, water at a temperature of 95° or even warmer is used at the start. The temperature of the water may be lowered to 70° or even to 60°. It is often advantageous to use one-fourth alcohol. So long as the feet and hands are warm the compresses may be applied. When the temperature is reduced to 102° or 103° do not renew compresses, but leave them on. Apply compresses with as little disturbance as possible, by tucking them in from the front until they meet behind. With cyanosis with prostration and hyperpyrexia use a warm bath (100°F) with friction."

PNEUMONIA IN VERY YOUNG CHILDREN.

L. EMMETT HOLT, in a paper read before the New York Academy of Medicine, among other things said: "Three types of the disease may be fatal. In the first class the patient may die of exhaustion, because of diminished resistance on account of previously debilitated

condition; second, the death may occur from complications; third, from acute toxemia. In the first class of cases the most important points in treatment are an abundance of fresh air, intelligent nursing and careful feeding. Control the cough by inhalations. Stimulation is usually required after a few days. For fever use the ice cap or sponging. Early in the disease use moderate counter-irritation to the chest. Do not give a single dose of medicine, unless demanded.

In cases characterised by profound toxemia, cardiac and respiratory stimulants are required early. These in order of their value are strychnine, nitroglycerine, oxygen, alcohol, caffeine. Strychnine may be given in doses of 1-200 gr., every three hours to a child of one year. Nitroglycerine is especially useful early with pale face, feeble pulse, cold extremities, and signs of pulmonary engorgement. Give 1-400 gr. every hour and after two or three doses at four to five hour intervals. Alcohol though very useful is apt to be pushed too far. It is seldom necessary to give more than one ounce of brandy daily. Caffeine in 1-10 gr. doses is sometimes better than strychnine in dull drowsy patients." Abstracted from an article in the *Medical News*, November 19, 1898.

Selections.

CREOSOTE IN PHTHISIS PULMONALIS.

By L. H. WARNER, M. D., Brooklyn, N. Y.

(*From the Denver Medical Times.*)

AFTER a brief review of creosote and guaiacol and the various methods of employing these products, the author says:

In the treatment of phthisis the administration of creosote causes the fever and cough to diminish and the patient to improve in appetite and flesh. On examination of the pulse it will be noted there is a smallness and rapidity indicating an increased anemia produced by the powerful action of creosote. When creosote alone is used life is made more comfortable to the patient, but it causes an earlier termination. If in combination with tonics less anemia is produced. It has antifermentative powers and although it may not kill bacteria, it destroys their ptomaines and renders their action nontoxic and inert. In the stomach of the consumptives a pathological fermentation is at all times going on, and this process is overcome by the action of

creosote. It takes oxygen from the blood, and is changed into carbolates and oxalates, as a result of oxydation, thus causing the blood to assume a deeper color. In the treatment of phthisis it becomes of especial value if reinforced by nuclein. Nuclein increases the number of white blood corpuscles and is therefore a valuable agent in combating tuberculosis in its initial stage. Reviewing the aforementioned facts, we have creosote, guaiacol, nuclein and tonics as factors in the treatment of phthisis pulmonalis. How and in what proportion can they be best combined to become efficient in the treatment of this disease? Beef, milk and wheat peptonised, with creosote and guaiacol, otherwise known as liquid peptonoids with creosote, is an eligible method of administering the above in combination. Each tablespoonful contains two minims of pure beechwood creosote and one minim of guaiacol combined with the nutrient and reconstituent properties of liquid peptonoids. In two different hospitals the entire consumptive wards were placed on this remedy with most excellent results and it will be necessary to quote but a few of the many cases under observation:

CASE I.—M. P., female, aged 49, admitted to hospital June 2, 1898; family history, tubercular. For some years patient has been troubled with severe attacks of cough, resulting from an attack of la grippe in 1894. Has dry hacking cough, with gelatinous expectoration, containing bronchial and alveolar epithelium in a state of fatty metamorphosis, streaked with blood. Temperature, 101 degrees. Loss of appetite and dyspeptic symptoms. Inspiration of cog-wheel character, expiration high-pitched and dullness on percussion. Patient has lost about 30 pounds within last few months. Weighed on January 2d, 145 pounds. Blood count, 45 per cent.; hemoglobin, 3,000,000 red cells, 7,500 white cells. Treatment began with one tablespoonful doses of liquid peptonoids with creosote every four hours. Patient slowly improved, and on June 16th doses were doubled to two tablespoonfuls every four hours. Hereafter a rapid improvement took place. July 1st, patient's cough has disappeared, no bacilli in sputum, appetite good, weight 151 pounds. This treatment was continued till July 26th, when patient left the hospital apparently well. Weight, 155 pounds; blood examination, hemoglobin 62 per cent., red cells 3,650,000, white cells 7,200; no cough, good appetite.

CASE II.—E. W., male, aged 20; family history, tubercular. Admitted June 9, 1898. Hacking cough, purulent expectoration, temperature 100 degrees, night sweats, loss of appetite and weight; blood examination, 43 per cent. hemoglobin, 2,700,000 red cells, 7,000 white cells; weight, 98 pounds; examination of sputum, bronchial and alveolar epithelium, bacilli. Same treatment as in Case I. began June 9th. Patient improved. June 26th, coughs but little, no bacilli in sputum, appetite good, weight 103 pounds. July 13th discharged, apparently well, no cough, no night sweats, appetite ravenous, weight 105 pounds; blood count, hemoglobin 61 per cent., red cells 3,600,000, white cells 6,800.

All tubercular cases under my observation improved under this treatment, while others under plain doses of creosote gtt v. to xx. showed but little improvement.

ALBUMINURIA IN THE PUERPERIUM.

MABLEY, H.C., Cleveland, O., (*Cleveland Jour. of Med.*, March, 1899): Albuminuria occurring in the puerperium may be due to (*a*) a persistence of the renal conditions commonly present before and during labor, and known as the "kidney of pregnancy." Explaining these changes by the extra amount of work thrown upon the urinary organs during gestation, it is not difficult to account for a small quantity of albumin occurring in the urine during the period following labor, when such heavy demands are made upon the excretory functions. If we adopt the other, and perhaps more generally accepted theory, that the kidney of pregnancy with accompanying albuminuria has its cause in increased intraabdominal tension with consequent mechanic pressure upon the renal veins and ureters, we will look for a somewhat rapid diminution of the albumin following labor; and its continued presence in large or increasing quantity would lead us to seek for other factors in its causation.

(*b*) Albuminuria may also be looked for during the lying-in period in women suffering from a nephritis, which has either developed during pregnancy, or, existing prior to that time, in a chronic, or perhaps latent form, has been aggravated by the processes of gestation and parturition.

(*c*) Nephritis, depending upon an infection of the genital organs, is not uncommon in the puerperium, and here the amount of albumin seems often to vary directly with the extent of the lesions in the pelvis. Nephritis has been especially mentioned as a complication of uterine phlebitis and lymphangitis.

(*d*) Mammary inflammation may cause nephritis. Norris refers to a case which developed on the fourteenth day after labor in a patient suffering from a virulent abscess.

(*e*) It is conceivable also that a nephritis might occur in the puerperium, as an intercurrent affection, resulting from cold or toxic agents. At this time, moreover, the conditions present in the kidneys, while not of themselves amounting to disease, might tend to render these organs particularly susceptible to influences of such a nature.

(*f*) Albuminuria in women recently confined may be due also to catarrhal or suppurative affections of the bladder and ureters, to pyelitis, and in rare instances to perinephritic abscess.

(*g*) Finally, valvular lesions of the heart, with a failure of compensation preceding or following labor, constitute a possible cause for the appearance of albumin and casts in the urine at this time.

RUPTURE OF THE DRUM-HEAD NOT NECESSARILY INCURABLE.

LAUTENBACH, LOUIS J., of Philadelphia (Abstract *St. Louis Clinique*), says: In considering the question of the healing of perforations, two main propositions must engage our attention:

1. We must be sure that the structures within the perforated drum-head are not in a state of inflammation. If there be any disease present this must be thoroughly conquered before any serious effort is made to heal the membrane. When this inflammation is overcome, then we commence to heal the perforations, and under ordinary conditions the closure is easily accomplished.

2. If after the inflammation has subsided healing does not occur promptly, it is probably due to cicatrisation of the edges of the broken drum-head, and means must be adopted to renew these edges by making them more active and ready for healing.

By careful attention to these requisites, of curing the disease within the membrane, and of renewing and freshening the edges of the perforation whenever there seems a deficiency of reparative power, we will succeed in curing almost all cases of perforation. We will fail in few cases unless the perforations be of tubercular origin.

Burnett says: "The popular impression that the membrana tympani, once perforated, can never be healed, is a wrong one. The drum-head on the contrary, has great power of healing and restoration, as shown by Dr. H. N. Spencer and others. A simple slit in it will heal in a few hours if there be no inflammation in the drum cavity. Larger and even gaping perforations, caused by disease, tend to heal, unless the disease in the tympanum keeps up and leads to a cicatrisation of the edges of the opening in the membrana tympani."

Many years ago I treated a young girl, Mary H., who a few days before had the drum-head broken by efforts in removing a stone from the ear, and although several days had elapsed since the injury, and the drum-head and the surrounding tissues were considerably inflamed, there being no healing apparent, yet within a few weeks the drum-head was perfectly healed, and the hearing was practically perfect. Examining her ears several years later, I found the drum-head perfect in every respect, and the hearing on the injured side extra-

ordinarily good, it being remarkably better than the average hearing, as well as better than the uninjured ear.

SLEEP IN THE TREATMENT OF DISEASE.

EVART, WM., in an address delivered before the Harveian Society (*British Medical Journal*, December 17, 1898,) on Disease and its Treatment, has the following to say on the value of sleep:

"Sleep has two offices, both fulfilled in the long sleep of the night, which it is our usual endeavor to secure for our patients—namely, that of favoring the slow changes of repair, and that of interrupting consciousness by uncoupling the chain of neurons, or by relaxing protoplasmic tension or tone. This relief of tension is, it would seem, the only office performed by the shorter spells of sleep, and therefore the two forms of sleep suggest two therapeutic objects. The night's sleep which comes without any drugs may need to be bettered, and in improving the quality of spontaneous sleep our help is often of value. It might also need to be prolonged.

"The systematic prolongation of sleep for the cure of disease is one of our opportunities hitherto little used. In chorea, sleep entirely subdues the muscular agitation, and this observation has led to the attempt to arrest the disease by prolonging sleep for considerable periods. A complication arises in connection with alimentation which in this disease, as in most other nervous troubles, is of primary importance. Partly for this reason, and because more than rest may be needed for a cure, the results hitherto reported have not sufficiently recommended the method.

"Prolonged narcosis has also been suggested in excessive wear and tear of the nervous system; and in various nervous affections, including the mental, its renewed trial, combined with suitable methods of feeding, might lead to encouraging results.

"Best suited, perhaps, to our every-day needs is a systematic resort to the shorter sleep. Like the light installments of food which restore the lost function of appetite and digestion, short sleep in the day may be essential to the cure of nocturnal insomnia. Our growing wealth in hypnotics warrants a hope that a suitable agent may yet be found which in that direction would minister to the health of the invalid, and might command the luxury of sleep at any opportune time for the convenience of the worker.

"Body rest as a systematic therapeutic agent has long found its place in our treatment for patients whom weakness alone, in the absence

of medical advice, would not have compelled to take to their bed. To that class belong the frail women in whom the debility of anemia, of dyspepsia, and of overfatigue develop symptoms often mistaken for hysteria. Rest in bed is their first need. In the treatment of chlorosis this is now recognised as the essential element for a rapid recovery. Its methodical employment forms an essential part of the Weir-Mitchell plan. But its most striking instance is that of the open-air rest cure for phthisis, which within quite recent years has largely replaced at foreign sanatoria the previous method by muscular exercise."—*Medical Age.*

DIFFERENTIAL DIAGNOSIS OF HEADACHES.

THE above is the title of a paper read by Joseph Mullen, M. D., before the Houston District Medical Association, and published in the *Memphis Lancet* for November. It deals with various forms of headaches and their causes and treatment, but the most striking paragraph is the following:

"Roughly speaking, there are about four pharyngeal conditions capable of producing headaches of such intensity as to draw the patient's and doctor's attention from the cause to the effect. They are adenoids, post-nasal catarrh, follicular pharyngitis, and enlarged tonsils. With the first and last you are very familiar—that is, adenoids and hypertrophied tonsils. The mouth-breathing, listless and dull facial expression so characteristic of their presence, so uniform are these, that they have become pathognomonic. The treatment calls for their removal. The headaches are usually dull, rarely sharp or excruciating, and are felt in any portion of the head. Like post-nasal catarrh and post-nasal enlargement of the turbinates, they may produce vertex head pain."

THE HYPODERMIC USE OF MERCURY IN SYPHILIS.

JONES, S. S. (*Jour. of Cutaneous and Genito-Urinary Diseases*, December 2, 1898,) presents a few practical observations based on personal experience in private practice, and gives the result of his endeavor to rid the method of its most objectionable feature—namely, its tendency to occasion pain, inconvenience, and even great suffering. He had been inclined to look unfavorably upon the method from considerations of pain and annoyance, until he came to face the necessity for its use in a critical case of brain syphilis, which led him to seek some method for lessening its disadvantages.

For convenience in use, the author had a tablet made containing bichloride and sodium chloride, of each one-fourth grain, cocaine one-sixteenth grain, which he found could be readily serviceable and at hand.

The author believes the method superior to others: (1) Where danger threatens organs whose functions are vital or important, as lesions of brain, heart, eye or ear; (2) in ulcerations resembling tubercular or malignant disease, especially of the tongue; (3) in those cases where other methods are not tolerated or when time is valuable.

The injection should be made into muscle, the needle being washed after discharging syringe. The author, however, has found it not always possible to inject into muscle, and has found no ill-results from injection into the subcutaneous cellular tissue. He believes the most eligible sites to be in the cellular or muscular tissue between the scapulæ and the iliac crests.

THE RELATION OF PUBLIC PARKS TO PUBLIC HEALTH.—The relation of public parks to public health may not admit of mathematical demonstration, yet an intimate and vital relation does exist. Park literature and health-board reports contain many tables and illustrations of the importance of parks in cities; the efficacy of open air spaces and playgrounds; the benefit of trees and shrubs in localities where miasmatic and other diseases prevailed; of lives saved by pure air and sunshine—especially of children, who are more susceptible; of the conservation of vital and effective physical force, and of other hygienic and economic services rendered by public parks. The history of sanitation reveals wonderful transformations of slums to healthy homes, plagues stayed and death averted by the investigation of causes, intelligent expenditure of labor to overcome them and proper observance of the rules of health.—*Orlando B. Douglas.*

ECZEMA AND WASHING OF THE HANDS.

UNNA (*Mons. f. pr. Derm.*) explains that the aggravation following the use of water in eczema of the hands is not due to the action of water upon the eczematous surface, but to the drying up of the epidermis, with all its consequences—rhagades, if the washed eczematous hand is not protected from exposure to the air.—*Journal Cutaneous and Genito-Urinary Diseases.*

MAJOR-GENERAL LEONARD WOOD, U. S. V.,

MILITARY GOVERNOR OF THE PROVINCE OF SANTIAGO DE CUBA.

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GENERAL LEONARD WOOD.

MAJOR-GENERAL LEONARD WOOD, the Military Governor of the Province of Santiago de Cuba, is one of the strongest and most unique characters that our war with Spain has developed. We have made reference to General Wood before in these columns and take pleasure in presenting to our readers in this issue his picture, made from one of his latest photographs. It was taken by Miss Frances B. Johnston during General Wood's recent visit to this country and is the first picture taken of him in the full dress uniform of a major-general.

General Wood's successful career in Cuba is of special interest to doctors because he himself is a physician—the only physician by profession to attain the grade of general officer during our war with Spain. When the war began he was an assistant surgeon in the U. S. Army, with the rank of Captain, stationed at Washington, and by assignment was attending army officers and their families. Governor Roosevelt was then assistant secretary of the navy and an intimate acquaintance, that began when the two were out on the plains, continued to grow as they frequently met during their ante bellum sojourn at the capital. Finally, when war came, these two strong men were authorised to raise a regiment of cavalry at large, the doctor to be colonel and the secretary to be lieutenant-colonel. This was done, and when it was gathered at San Antonio, the place of rendezvous, it was found to contain not only men of all nations, but from every walk of life, from college professor to cow puncher, and it was appropriately popularly named "the rough riders."

By dint of greatest energy on the part of the field officers, it was equipped and reached Tampa in season for two battalions to be

designated for service in Cuba. These formed a part of Shafter's expedition and succeeded in landing at Daiquiri, June 22, 1898, as part of the cavalry division under command of Major-General Joseph Wheeler. Pushing on toward Santiago the division found the enemy at La Quasina, where there was a stiff engagement June 26th, during which Captain Capron and Sergt. Hamilton Fish among others were killed. For his skill and valor at this fight Colonel Wood was promoted to Brigadier-General, and for similar reasons Roosevelt became Colonel of the rough riders. The two battalions further distinguished themselves at San Juan, and after the surrender General Wood was appointed Military Governor of Santiago, succeeding General McKibbon, who became ill.

General Wood took office July 20, 1898, and still continues to perform its functions. At that time Santiago was probably the filthiest city in the world, its inhabitants were sick and starving and 200 of its people were dying every day. The difficulties to be overcome were such as might quail the stoutest heart. But General Wood was not the man to be dismayed or to shrink from duty because of its magnitude. Here was an opportunity for a man of inexhaustible power of resource, and a physical stamina that no work could tire to display his skill, patience, tact, judgment, statesmanship and courage. A physician who was a sanitarian, a soldier who was a disciplinarian, and a statesman who was a financier and diplomat — all these were needed in the person who should attempt to administer the affairs of Santiago. It appears in the light of after events that the hour and the opportunity and the man met, when General Wood was assigned to his herculean task.

By education and practice he was first a physician, then as emergencies presented on the plains he demonstrated his soldierly qualities and he was often placed in charge of expeditions against the Indians. He had not been very long in control at Santiago before he exhibited the highest skill in statecraft, bringing order out of chaos, administering the law in a firm but just manner and harmonising all interests with a skill and firmness that has challenged the admiration of the civilised world.

In Santiago he has been at once governor, judge, financial officer, school superintendent, chief of police, health commissioner, water commissioner, street commissioner, in short, the whole machinery of civil and military government has been centered in this one man, and he has been equal to his trust in all respects.

Mr. Henry Harrison Lewis, who paid a visit to Santiago last fall,

has published an article on Americanising a Cuban city in McClure's magazine for March. It should be read by everybody and especially the young, who ought to be stimulated thereby to the best work of which they are capable. We cannot forego the temptation to quote the conclusion of Mr. Lewis's paper, which reads as follows:

At the time I concluded my visit of observation, there had been just four months of American rule in Santiago de Cuba. Those four months had effected:

The rescue of the population from starvation to a fair satisfaction of all their daily necessities.

The conversion of one of the foulest cities on earth to one of the cleanest.

The reduction of an average daily death-rate of 200 down to ten.

A considerable progress in a scheme of street and road improvement that will add immensely to the convenience and beauty of the city.

A radical reform in the custom-house service, resulting in increased revenues.

A reduction in the municipal expenses.

The correction of numerous abuses in the management of jails and hospitals and in the care of the inmates.

The liberation of many prisoners held on trivial or no charges.

The reformation of the courts and a strict maintenance of law and order.

The freedom of the press.

A restoration of business confidence, and a recovery of trade and industry from utter stagnation to healthy activity.

This unparalleled regeneration had been wrought, not by a host of men native to the locality, exercising offices long established and enjoying a traditional prestige, but by an American brigadier-general of volunteers, a stranger to the place and the people, embarked in the work on a moment's notice, and having for his immediate aides only a few fellow army officers, some of whom had been out of West Point less than two years, and all of whom were as new to the situation as himself. It was the *tour de force* of a man of genius; for in the harder, more fundamental, of the tasks that confronted him here, General Leonard Wood had had no previous experience.

It has fallen to the lot of but few men of thirty-eight years to demonstrate such rare qualities of head and heart as has the young physician, or to attain the universal respect of their fellow-countrymen.

OUTDOOR POOR RELIEF IN BUFFALO.

THE Charity Organisation Society of Buffalo has always stood for honesty, economy and a thorough and rigid administration of the various departments under its control. It was therefore not surprising when it undertook to ferret out some of the cases on the poor department rolls, a short time ago, that a startling condition of affairs was unearthed. The answer made by the overseer of the poor to these charges does not alter the state of affairs; neither does it throw

any doubt or detraction on the report as originally made by the Charity Organisation Society.

Briefly summarised the report shows that Buffalo gives more outdoor poor aid annually than the total given by New York, Philadelphia, Brooklyn, Baltimore, San Francisco, Washington, Louisville, Kansas City, St. Louis, New Orleans, Cincinnati, Jersey City, Pittsburg, Newark, Minneapolis and Cleveland combined—and with $10,000 to spare. The above cities comprise seventeen of the twenty-one largest cities in the United States which have a population of over 200,000. Buffalo not only gives more outdoor poor aid than the other sixteen combined, but taking the four omitted cities, Buffalo gives nearly as much poor relief as Chicago—a city five times its size—nearly twice as much as Boston, and more than Detroit and Milwaukee together.

The question may well be asked, what do we receive in return, or what do we hope to realise by such munificent charities? Appreciation, alleviation, the relief of pauperism and eventually its disappearance in whole or part, or does lavish outdoor relief spread the burden of caring for the poor upon all the taxpayers and so relieve private charity?

No—hardly any of these are realised, but as a superintendent of the poor, of fourteen years' experience has stated, public outdoor aid makes more paupers than even liquor, and that in cities where there is a liberal outdoor relief there is not less but more unrelieved poverty and more need of private charity than where there is none.

It is certain that outdoor relief is alluring, enticing, an active incentive to unthrift, or else a misappropriation of funds for personal excesses and vices in flush times and a haven for succor in times of paucity and the deserving as well as the undeserving poor turn toward the city treasury with a sense of right and justification—as a source of aid rightfully due them.

Charity has always covered a multitude of sins. Public charity, unless exercised with the most scrupulous care and supervision, is liable to foster, encourage and even protect a horde of sinners against law, morals and thrift; encouraging intemperance and improvidence, thereby producing results exactly the opposite which such charities had hoped to attain.

From a medical point of view, the charity organisation society is on the right track and we trust it will be highly successful in its crusade against the poor department. Nothing is so productive of disease as idleness. Idleness begets vice, filth, inaction of the various organs and consequently a lowered vital condition of the whole body

—hence it is that as a rule epidemics are to be found among the filthy and indolent. Many of the degenerate classes take their origin in the atmosphere of indolence and intemperance and the propagation of their kind and species adds still further burdens on the shoulders of those who are manfully trying to escape the stigma of public pauper.

The JOURNAL has on several occasions pointed out the wrong done by the expenditure of large sums of money not only to the taxpayers, to the thrifty poor, but to the city itself. It has pointed out the way at least in which some return might be expected from the money expended and thus help out at least the taxpayers to some extent. But this is not all, the plan proposed will do the poor just as much good as public charity, will sharpen his appetite, circulate his blood, tone up his muscle, diminish his tendency to disease and keep him out of mischief for ten hours a day at least, besides adding to the general beauty, welfare, health and comfort of the city and its inhabitants.

Let the appropriation to the poor department be turned over to the street department and let the former issue orders on the street cleaning department instead of on the grocer, coal dealer and others, and in that way we will lessen the number of public paupers, besides having some return for the money expended. . The streets of Buffalo in winter are not one of the sources of pride and satisfaction to which one can point his finger, but are a menace and shame to one of the handsomest cities in the Union. What is needed is a Leonard Wood to direct and supervise an army composed of volunteers and drafted men who enlist annually at the poor department and who in the past have rendered as little public assistance as some of the drones he encountered in Santiago.

All those needy poor who are not able to work in the street cleaning department could be made to find some employment through the charity organisation society or through the private charities, which under the different denominations are doing such heroic work in this community. To those who will not work or are not inclined, let them be given the option of the almshouse—following the plan adopted by the town of Brookline, Mass., where the board of overseers spent $9,000 annually in out-door relief for 355 persons. After much opposition an almshouse was built, and when it was finished notice was given that thereafter outdoor relief would be given only in very exceptional cases. Within a year the number of persons relieved fell from 355 to 53, and yet there was never more than seven in the almshouse. There was no increased demand upon private charity,

and there were no beggars. What happened? "Old men and women, whose children had been perfectly willing that they should have outdoor relief, suddenly found devoted sons, willing to support them rather than have them go to the poorhouse; men and women who had declared themselves too weak to work, recovered strength with marvelous rapidity; and the laborer, all of whose earnings had been barely enough to support him through the summer, now saved for the winter, and saved enough to keep him in tolerable comfort." What took place was what Dr. Chalmers, of Edinburgh, calls the development of natural resources.

The charity organisation society holds district committee meetings almost daily. At one of the meetings twenty-four applications for relief were considered. Fourteen of them were already receiving aid from the city, and in the case of ten of these fourteen families the committee thought the aid undeserved and harmful. At the next meeting of this same committee fifteen families were considered, eleven of which were receiving city aid. In the case of eight of these eleven the committee expressed its disapproval of the city aid.

It was found on investigation that the recipient of city alms in these cases were devotees of vice, drunkenness and profligacy and their eradication from the poor rolls was at once demanded. The charity organisation society deserves the thanks and good-will of the citizens of Buffalo and especially of the physicians, who are more or less intimately connected with the needy poor, both in and out of hospital and dispensary life. That this organisation may succeed in its warfare on public outdoor relief is one of the long-cherished hopes of the JOURNAL.

THE LEGISLATURE AND THE PROFESSION.

THE present session of the legislature is doing more than its usual share of bill-introducing and reporting-from-committee, of measures, both favorable and unfavorable to the medical profession and a close scrutiny of all bills and a determined opposition to the vicious ones is necessary by the legislative committee of the various state medical societies. Some of the bills are of decided merit and the JOURNAL hopes them to become enacted into laws; as such may be mentioned the bill of Senator Davis making an appropriation for a state consumption hospital in the Adirondacks, which has been thoroughly agitated in these columns and its humanitarian features are self-evident.

The bill making further appropriation for the continuance of the state cancer laboratory in Buffalo seems destined to pass and the work begun will not suffer any from lack of state support. Some of the new bills introduced and which are meeting great opposition are the Collier bill, repealing section 1226 of the charter of the City of New York, having for its object the stopping of the sales of surplus lymph and antitoxins by the board of health of New York City. This bill allows the board of health to continue the manufacture of antitoxin and its free distribution to the indigent sick, but prevents it from conducting a commercial industry in competition with the trade.

Another measure which is in the line of reform and good usage is Mr. Ten Eyck's bill, making it compulsory for the manufacturers of any patent, proprietary or other medicine putting up prescriptions to label the vial, box, parcel or package with a list of the ingredients entering into the composition. The bill has been reported favorably by the public health committee of the assembly.

The opposition to such a measure is so strong and well organised that its final passage, much as it is desired, yet seems exceedingly doubtful. The powerful opposition made by these manufacturers before congress at the time of the passage of the war-revenue bill compelling a decided reduction in the stamp tax on these goods, will no doubt be brought to bear upon the legislature. Several bills have been introduced, especially by Mr. Costello in the assembly and by Mr. Sullivan in the senate, forbidding the manufacture of clothing in tenement houses, unless licensed by the state factory inspector and another requiring all such garments to be labeled "tenement-house made," both having in view the sweat-shop evil and the liable infection of such garments with the bacilli of tuberculosis. Both measures are excellent ones and are in a fair way to become laws. Some of the obnoxious or rather ill-advised measures are several looking toward a restriction of power of the state board of charities over the institutes for the deaf mutes and the blind and over the Gerry society in New York City. The important work accomplished by this board, its freedom from bias and partiality should cause institutions and societies to welcome its visitation and supervision instead of repelling them by act of legislature.

Of course, there can be no legislature without some members who must do something for their constitutents, even if their measures never leave the committee rooms. Such measures never see the light of day; neither do they deserve it. For instance, the bill

requiring every theatre to have a physician present at every performance might be necessary at times, depending of course upon the performance and especially this winter at one of our best theatres, but as a rule, Buffalo audiences, with the exception of some mental nausea, have been quite free from the physician's care while in the play-house.

The introduction of so many absurd and grotesque measures only retards the progress of legislative work and the suggestion made at Albany this winter that all bills to be acted upon must first be submitted to a committee before introduction is a wise and timely one.

"ARMY EXAMINATIONS AND STATE LICENSE."

UNDER the above title, the *Medical Record* makes editorial comment in its issue of March 18, 1899, that must have occasioned much surprise among its many readers and friends. It appears that a bill has been introduced into the legislature at Albany exempting medical officers who served during our war with Spain from examination for license to practise in this state.

The *Record* favors the bill as "a very commendable form of special legislation." A moment's reflection must convince any one interested that this bill must be aimed at the "relief" of some particular individual who seeks to obtain exemption from the examination now required by law under the plea of patriotism.

One might as well claim exemption from examination to enter the legal or clerical professions on the same grounds. A medical officer who served with the volunteers and after the war desired to enter the regular army medical staff corps, might with equal propriety claim exemption from the examination prescribed by the surgeon-general's office. To go further: a candidate for a college degree might with even greater propriety claim exemption by reason of medical service in the volunteer army.

It is a well-known fact that medical officers of volunteers in our war with Spain were given only at best a cursory examination, while contract surgeons were not examined at all until the war was practically over. It is, then, misleading for the *Record* to say in this relation that "an army medical board has a proverbially high standard of requirements." While the fact is true, it is not true that medical officers of volunteers were examined by the regular army

board, or were expected to meet the regular army standard of requirements.

If "the young medical men recently graduated, who in consequence of enlisting into the military service during the late war" and who "were unable to appear for their regents' examination" had taken the examination prescribed for candidates for medical service in the regular army, no one could reasonably object to the proposition, even though it be absurd, that "by virtue of their army examination and subsequent service" they shall be entitled to a state license to practise.

Under the bill in question, however, a young man who graduated in a state requiring a much lower standard than New York, but who entered the volunteer medical military service, could claim license to practise without let or hindrance.

We have such a high regard for the *Record* and so generally agree with its position on questions relating to medical economy, that we are pained to dissent from its stand in this case. We fear that the editor-in-chief has either been misled by parties in interest, or that this editorial escaped his eye, for Dr. Shrady is a well-known advocate of higher medical education, as well as an opponent of special legislation on the subject. For these and other reasons we hope to see him recall the article in question and exert his influence to prevent legislation that is obviously subversive of the best interests of the profession, in which the distinguished editor of the *Record* is such a conspicuous leader.

SINCE the publication of the last number of the JOURNAL, the Pan-American exposition has become an assured fact. The men at the head of the enterprise, the board of directors, the different committees, are guarantees that the exposition will be a great success. The many attractions, the cheap railway rates, will bring people to Buffalo from the Atlantic as well as from the Pacific who will take advantage of cheap fares. It seems then that 1901 would be a good year for Buffalo to secure some if not many of the national medical and scientific societies. The American Medical Association could be induced perhaps to meet here and with the same push and energy among the physicians who intend to go to the Columbus meeting, as was evidenced by the Pan-American workers in Albany and Washington, should make a favorable impression and at its meeting next year carry it out to success.

THE January number of the *American Journal of Surgery and Gynecology*, published at St. Louis, is a woman's number. The idea of a woman's edition of a medical journal originated with the BUFFALO MEDICAL JOURNAL three years ago, the June number, 1896, being edited by the medical women of Buffalo. Our contemporary is rather late in the matter of a woman's edition, but the result is creditable to all concerned. All articles are the contribution of women physicians, many of them of more than national reputation. The name of Mary A. Dixon-Jones appears as associate editor. It is the contention of some who are not therefore to be considered unfriendly to medical women that they are unfitted by physical and mental endowment for successful competition with men in certain lines of medical work. These doubtless should read the record of the work of women as here presented. The success or failure of women physicians seems to rest largely with the community in which they work. The provincialism and conservatism of many eastern cities makes it impossible for a woman to succeed in any marked degree in such a specialty as surgery. Those fortunate women who practise among a people of more liberal and progressive spirit do not find sex a bar to the successful practice of abdominal surgery—that branch which perhaps more than any other requires boldness and initiative. The work of medical women will probably always be limited to a certain degree by sexual considerations. The patients who most naturally come to a woman are those of her own sex, but aside from this there is no question of her ability to do with like judgment and skill whatever an equally qualified practitioner of the opposite sex would attempt.

PERSONAL.

DR. SAMUEL GRISWOLD DORR, of Buffalo, has lately been appointed postmaster, to take office April 1, 1899. He is a native of Dansville, N. Y., where his early life was passed. Afterward he lived at Oil Creek and Waterford, Pa. He came to Buffalo in 1873, and entered the medical department of the university from which he received his doctorate degree in 1875. Since that time he has been engaged in the practice of his profession in this city.

Dr. Dorr has been a successful physician and has a large clientéle that both he and his son, Dr. L. Bradley Dorr, minister unto. His appointment as postmaster is a compliment to the profession and is a well-merited honor.

DR. FRANK J. THORNBURY, of Buffalo, has been appointed an assistant surgeon in the U. S. Marine Hospital service, to date from March 9, 1899, and has been assigned to duty at the New York City station. Dr. Thornbury's skill as a bacteriologist will find a useful field in the service that he has entered. His offices in the Colonial, 401 Delaware ave., are for rent. Applications should be made to R. A. Kellogg, 798 Ellicott square.

DR. GEORGE RYERSON FOWLER, of Brooklyn, and Dr. A. Walter Suiter, of Herkimer, have been reappointed state medical examiners to fill their own vacancies that will occur August 1, 1899.

DR. GROVER W. WENDE, of Buffalo, sailed for Europe by the North German Lloyd line March 22, 1899, to be absent three months at Prague.

DR. BENJAMIN FRANKLIN ROGERS, of Buffalo, has returned from the South and resumed his practice in diseases of the eye, ear, nose and throat.

DR. HERBERT U. WILLIAMS, of Buffalo, is in Europe for three months, spending most of the time at Göttingen.

SOCIETY MEETINGS.

THE Hundred Year Club, a society for the study of longevity, has been recently organised at New York. A preliminary meeting was held March 7th, and the first regular public meeting will be held at the Waldorf-Astoria, March 23, 1899. The following programme has been arranged: Address by the chairman, Walter S. Logan; What chemistry has done for longevity in the past twenty-five years, Dr. H. W. Wiley, chemist, department of agriculture; The eclipses that shorten and the lights that lengthen the sum of human life, George W. Grover, A. M., M. D.; Recitation, Clairvoyance, Miss Lucia Morgan, of Chicago; Physical extravagance, Mrs. Almon Hensley, president society for the study of life—composed of mothers; Science and the farmer, L. H. Bailey, professor of horticulture, Cornell University; Longevity of the Hebrews, Rev. Jos. Silverman, D. D.; Song, "Freedom," Mme. Cornelia Meysenheym, court singer to the

Royal theatre in Munich, Bavaria, and Amsterdam, Holland; Discipline and longevity, Dr. Geo. M. Sternberg, Surgeon-general U. S. A.; The philosophy of rest, Mrs. E. A. Fletcher; Life insurance as bearing on longevity, Ira Mowery; "That thy days may be long," Dr. Sophia McClelland; The club, Geo. W. Smyth.

THE National Confederation of State Medical Examining and Licensing Boards will hold its next meeting at Columbus, Ohio, June 5, 1899, beginning at 10 o'clock a. m. The following are the officers for the present year: President, William Warren Potter, Buffalo, N. Y.; vice-presidents, E. L. B. Godfrey, Camden, N. J.; William Bailey, Louisville, Ky; secretary-treasurer, A Walter Suiter, Herkimer, N. Y.; executive council, chairman, William S. Foster, Pittsburg, Pa.; Joseph M. Mathews, Louisville, Ky.; Hugh M. Taylor, Richmond, Va.; W. H. Sanders, Montgomery, Ala.; Charles K. Cole, Helena, Mont. Committee on minimum standard of requirements, chairman, N. R. Coleman, Columbus, Ohio; Gardner T. Swarts, Providence, R. I.; T. J. Happel, Trenton, Tenn.; Augustus Korndoerfer, Philadelphia, Pa.; W. R. Tipton, Las Vegas, N. M.

THE American Medical Association will hold its fiftieth annual session at Columbus, Ohio, on Tuesday, Wednesday, Thursday and Friday June 6, 7, 8 and 9, 1899, commencing on Tuesday at 11 a. m., under the presidency of Professor Joseph McDowell Mathews, M. D., LL. D., of Louisville, Ky.

Orations will be delivered as follows: On medicine, James C. Wilson, Philadelphia; on surgery, Floyd W. McRae, Atlanta, Ga.; on state medicine, Daniel R. Brower, Chicago. Chairman committee of arrangements, Starling Loving, Columbus.

The officers of sections are: Practice of medicine, Frank Billings, Chicago, chairman; Carroll E. Edson, Denver, secretary. Surgery and anatomy, W. J. Mayo, Rochester, Minn., chairman; M. L. Harris, Chicago, secretary. Obstetrics and diseases of women, A. H. Cordier, Kansas City, Mo., chairman; W. D. Haggard, Jr., Nashville, Tenn., secretary. Materia Medica, pharmacy and therapeutics, Thomas H. Stucky, Louisville, Ky., chairman; Leon L. Solomon, Louisville, Ky., secretary. Ophthalmology, Casey A. Wood, Chicago, chairman; Charles H. Williams, Boston, secretary. Laryngology and otology, Emil Mayer, New York, chairman; Christian R. Holmes, Cincinnati, secretary. Diseases of children,

Henry E. Tuley, Louisville, Ky., chairman; L. D. Boogher, St. Louis, secretary. Physiology and dietetics, J. Weir, Jr., Owensboro, Ky., chairman; Lee Kahn, Leadville, Colo., secretary. Neurology and medical jurisprudence, Frederick Peterson, New York, chairman; Hugh T. Patrick, Chicago, secretary. Cutaneous medicine and surgery, W. T. Corlett, Cleveland, O., chairman; J. M. Blaine, Denver, Colo., secretary. State medicine, Arthur R. Reynolds, Chicago, chairman; W. P. Munn, Denver, Col., secretary. Stomatology, George V. I. Brown, Milwaukee, Wis., chairman; Eugene S. Talbot, Chicago, secretary. Wm. B. Atkinson, permanent secretary.

THE Buffalo Academy of Medicine held meetings during the month of March, 1899, as follows:

Section on Surgery.—Tuesday evening, March 7th, program: Foreign bodies in surgery, Chauncey P. Smith; discussion opened by Eugene A. Smith. Owing to the unavoidable absence of Dr. Whitbeck, of Rochester, who was to present a paper, Dr. Dowd read a short one on Urinary infection and how to prevent it.

Section on Medicine.—Tuesday evening March 14th, program: Differentiation of renal diseases, Thomas B. Carpenter; Acute Bright's disease, J. Henry Dowd; Chronic Bright's disease, Albert H. Woehnert; Primary nephritis, infantile, George A. Himmelsbach.

Section on Pathology.—Tuesday evening, March 21st, program: Tuberculous infections in the walls of the blood vessels and the production of miliary tuberculosis, H. R. Gaylord.

THE Western Ophthalmologic and Oto-laryngologic Association held its annual meeting at New Orleans, February 10 and 11, 1899. Owing to the unavoidable absence of the president, Dr. J. Elliott Colburn, of Chicago, the first vice-president, Dr. W. Scheppegrell, of New Orleans, presided. Two joint sessions and three sessions of the ophthalmologic and oto-laryngologic sections respectively were held and many important papers were read and discussed.

The following officers were elected for the ensuing year: Dr. W. Scheppegrell, of New Orleans, president; Dr. M. A. Goldstein, St. Louis, first vice-president; Dr. H. V. Wurdemann, of Milwaukee, second vice-president; Dr. E. C. Ellett, Memphis, Tenn., third vice-

president; Dr. F. C. Ewing, St. Louis, secretary; Dr. W. L. Dayton, of Lincoln, Neb., treasurer. St. Louis was selected for the next annual meeting.

The following names were added to the list of honorary members: Drs. George Stevens, New York; St. Clair Thompson, London, Eng.; R. Coen, Vienna, Aust.; E. J. Moure, Bordeaux, France; J. Sendziak, Warsaw, Russia; Marcel Natier, Paris, France; C. Ziem, Dantzig, Germany; A. A. Guye, Amsterdam, Holland.

The new members elected were as follows: Drs. J. A. Caldwell, McKinney, Tex.; O. Joachim, New Orleans; W. H. Baldinger, Galveston, Tex.; J. S. Mott, Kansas, City, Mo.; J. S. Lichtenberg, Kansas City, Mo.; J. W. Bettingen, St. Paul, Minn.; J. W. Chamberlin, St. Paul, Minn.; H. M. Starcky, Chicago; R. Brunson, Hot Springs, Ark; Max Thorner, Cincinnati, O.; W. Scales, Pine Bluff, Ark.; E. M. Singleton, Marshelltown, Ia. F. C. Ewing, St. Louis, Mo.

COLLEGE AND HOSPITAL NOTES.

DR. MARIE J. MERGLER has been elected dean of Northwestern University Woman's Medical School, in place of Dr. I. N. Danforth, resigned. Dr. Danforth has been elected dean emeritus. The yearly course at this school has been changed from one of two semesters to one of four semesters of twelve weeks each, commencing the 1st of July, October, January and April. Three semesters will be required; the other semester will be optional. The number of regular students will be limited to 100, twenty-five in each class. They will be admitted to competitive examination for place in class, only after having complied with the requirements of the State Board of Health.

THE annual commencement of the Medical Department of the University of Buffalo will be held Tuesday, April 25, 1899. The executive committee of the Alumni Association is making an effort to assemble the members by classes and class officers have been appointed to facilitate the work. Dr. E. N. Brush, president of the class of '74 desires all members of this class to correspond with him on the subject, and beyond all to diligent effort to attend. Dr. Brush is superintendent of the Sheppard and Enoch Pratt Hospital, and his address is Towson P. O., Baltimore county, Md.

By the will of the late Elizabeth H. Gates, the Buffalo General Hospital receives the munificent bequest of $50,000 with the additional sum of $1,000 for the continued maintenance of the room in the hospital of which she had charge. Among the several charitable bequests to other institutions are the following: To the Church Charity Foundation, $5,000; to the Home of the Friendless, $5,000; to the Children's Hospital, $6,000, and to the University of Buffalo, for the use of the medical department, $5,000.

Besides these bequests for medical charities she also generously makes another bequest to the Buffalo Fine Arts Academy of $50,000, to be known as the Elizabeth H. Gates Fund, and the interest of which is to be applied to the purchase of works of art by foreign artists. She also gives to the Buffalo Fine Arts Academy all her excellent collection of oil paintings, other than family portraits, and these she desired, if possible, to have hung in connection with those which shall be bought from the interest of the fund she bequeaths to the Academy and she desired to have the whole collection known as the Elizabeth H. Gates collection.

Thus the good work of a noble woman is continued after her death for the relief and succor of the needy and afflicted and for the enjoyment and edification of those more fortunately situated.

The New York Post-Graduate Hospital is to have a new training school for nurses, the gift of Harris C. Fahnestock, and it will cost $100,000, supplanting the old one, which has become inadequate to the needs of the hospital.

The new school will be known as the Margaret Fahnestock Training School for Nurses of the New York Post Graduate Hospital. Mr. Fahnestock is founding the school in memory of his wife, and it is to bear her name. It seems that the last days of Mrs. Fahnestock's life were cheered and brightened by the tender care and ministrations of two trained nurses. Mr. Fahnestock took a deep interest in their work and realised how much they had done to make the last days of his wife less of a burden and the gift is a tribute to them and their calling, and in memory of Mrs. Fahnestock.

The German Hospital being erected on Jefferson street, near Genesee, is fast approaching completion and will be an ornament to that portion of the city as well as a noble institution for the alleviation and restoration of the afflicted poor.

THE board of managers of the German Deaconess Hospital, on Kingsley street, intend building an addition to the hospital, to meet the increasing demands made upon this highly successful institution.

THE Riverside Hospital, 306 and 308 Lafayette avenue, is soon to be materially enlarged and supplied with all the modern hospital improvements, making it one of the most complete and comfortable of private hospitals to be found anywhere. It is expected that the new addition will be ready by mid-summer.

Book Reviews.

A TEXT-BOOK OF OBSTETRICS. By BARTON COOKE HIRST, M. D., Professor of Obstetrics in the University of Pennsylvania. With 653 illustrations. Octavo, pp. 846. Philadelphia: W. B. Saunders. 1898.

There have been a good many works on obstetrics issued within the last ten years, most of which possess excellence in one or more particulars, and all have added immensely to the valuable and, let us hope, permanent literature of the subject. In view of this fact a new treatise, that aims to be a text-book, must present some special claims in order to arrest attention or to merit thoughtful consideration. It is gratifying to discover early in its examination such a book, for it makes the reviewer's task a pleasant one, because it is always an irksome duty to review an unnecessary, not to say a useless, addition to our already overstocked book market.

The author begins his work with the consideration of pregnancy to which the first part, consisting of seven chapters, is devoted. Anatomy naturally occupies first place and the subject is most admirably presented and illustrated. More attention should be given by students to the study of the bony pelvis than is usually the case, and they should also thoroughly acquaint themselves with the pelvis in its clothed state. This book will be most helpful in this direction. The second chapter considers menstruation, ovulation and fertilisation. The development of the embryo and fetus, which the third chapter describes is a very interesting part of the book. The fetal appendages are considered in the fourth chapter and in the fifth the diseases of the fetus are dealt with, in methods that merit most favorable commendation.

The physiology of pregnancy always possesses absorbing interest to the student of the obstetric art, and it should be carefully studied and thoroughly mastered by every one who intends to practise obstetrics. The chapter that Hirst devotes to this part of the subject is a well-written exposition of it, and cannot fail to interest as well as instruct the reader. It contains the most modern thought on the

essentials connected with the topic and is especially strong in the diagnosis of pregnancy. Following next is a remarkably interesting chapter on the pathology of the pregnant woman, which takes the student or reader from the initial subdivision, diseases of the genitalia, along through diseases of the uterine muscle, of the alimentary canal, of the urinary apparatus, of the nervous system, of the circulatory system, of the respiratory apparatus, of the osseous system, of infection, and of the skin, until finally are considered abortion, miscarriage, premature labor, and lastly, extrauterine pregnancy. The author adheres to the ordinary classification of premature expulsion of the ovum and fetus, terming it *abortion* if before the fourth month, *premature labor* after viability, and *miscarriage* if between these two periods. This is so simple, and so easily understood, even by the tyro, that we wish teachers would universally adopt it. There are some things that all may agree upon and it seems to us this is one of them.

In the second part of the book we find the consideration of labor begun, its physiology and management and the management of the puerperium taking up this part; then in the third part the mechanism of labor is fully described in all its details; in the fourth part the pathology of labor is dealt with and in the fifth the pathology of the puerperium is explained. Obstetric operations, from the induction of abortion to Cesarean section, occupy part six, and the seventh and last part, is devoted to the new-born infant, its physiology, pathology injuries and diseases. Every one of these several parts bear the impress of the master, each and all indicating a personal experience by the writer in the lecture-room and in the clinic. The only way to teach practical obstetrics is at the bedside, and Hirst is recognised as an obstetrician of great experience in the lying-in room. Every student before graduation should have the opportunity to attend several cases of labor, and the seniors should conduct for themselves at least six confinements without interference on the part of the instructor, except to be within call if needed. This would give the undergraduate a sense of personal responsibility that could not help make him self-reliant in his earlier obstetric practice.

Such a book as this one makes the literature of medicine better and is a credit to American letters. It is a safe guide for the practitioner and contains the essentials of the art of obstetrics up to the moment of its issue from the press. Its illustrations are far above the common, most of them being original, and they make plain many a subject that is intricate to the tyro. It is well named a textbook and should so become in every medical school of standing.

AN ATLAS OF BACTERIOLOGY; containing 111 Original photomicrographs with Explanation Text. By CHARLES SLATER, M. A., M. B., M. R. C. S., Eng.; F. C. S., L. R. C. P., London; M. R. C. S., Eng; F. R. A. S.; Formerly Demonstrator of Anatomy, St. George's Hospital Medical School, London. The Scientific Press Ltd., 28 Southampton Street, Strand. 1898. Price, $2.50.

To those students of bacteriology who cannot afford Fraenkel and Pfeiffer's atlas of bacteriology and are not content and satisfied

with the reproductions of bacterial life as seen in the ordinary treatises and text-books, this work can be cheerfully recommended. The present work has adopted the idea of the "Atlas" in that it provides a series of photographs of preparations of microörganisms and their cultures, such as are usually met with, and made by the student in an ordinary course of practical bacteriology. It is in no sense a text-book and is not so intended by the authors, but more as a laboratory hand-book to direct the attention of the student to the points which he should observe in his own preparations. The text which is purely explanatory of the plates, emphasises the teachings of the photographs and does not go into the science or art of bacteriology. Although the number of illustrations is of necessity limited, yet it contains 111 original photomicrographs of the commoner forms of microörganisms.

The introduction has been fittingly devoted to a short description of the photographic methods and apparatus employed; the microscope being a Zeiss model 1A with apochromatic objectives, the high magnification, with Powell and Lealand's 1-12 N. A. 1.43. The color screen generally used was a "pot green" glass of medium density and 1-8 inch thick. The negatives were all taken without exception on Edward's isochromatic medium 1-4 plates and developed with hydrokinone and soda. The illustrations are on heavy glazed paper, neatly printed and on the whole it makes a very fine appearance and a desirable work for reference.

W. C. K.

THE SEXUAL INSTINCT; Its Use and Dangers as Affecting Heredity and Morals. By JAMES FOSTER SCOTT, B. A. (Yale University), M. D., C. M. (Edinburgh University); Late Obstetrician to Columbia Hospital for Women and Lying-in Asylum, Washington, D. C., etc. Octavo, pp. 436. New York: E. B. Treat & Co. 1899. Price, $2.00.

The plain talk contained in this book needs no defense, the times with the present tendency to loose morals fully justify the deep searching which the author has made with his free lancet.

The design of the work is to furnish the nonprofessional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere—knowledge which he cannot afford to be without. To the professional man the work offers features not to be despised or turned aside, but which in his capacity as family adviser will be of inestimable value to him.

In fairness to the author it must be stated that his knowledge of these subjects has been acquired through legitimate channels. Upon his very entrance into university life his attention was first directed to the subject by an address from the late President Porter of Yale University; then came the experience as a medical student at Edinburgh, Vienna and London; then a residence of two and a half years in a hospital devoted exclusively to obstetrics and the diseases of women, followed by several years more of hospital and private practice.

Thus as the author states he has learned to appreciate and respect the rôle of woman in nature, and to abhor the ignorance which will permit men to throw aside the elements of their manhood—veracity, cleanliness, health and fitness for ancestorship.

The author divides the work into thirteen chapters, among the most important being Chapter I., introductory; the sexual instinct and the importance of a just appreciation of its influence. Chapter II., the physiology of sexual life. Chapter III., a proper calculation of the consequences of impurity from the personal standpoint. Chapter IV., woman, and the unmanliness of degrading her. Chapter V., some of the influences which incite to sexual immorality. Chapter VI., prostitution and the influences that lead a woman into such a life. Chapter VII., the regulation of prostitution.

The remaining chapters deal with the venereal diseases as affecting particularly the female sex and show the dangers of the different ailments produced not only upon those directly affected, but also upon the coming generations.

In make-up the book is similar to others of the well known firm of E. B. Treat & Co., which is sufficient guarantee of its excellence.

W. C. K.

PRACTICAL DIAGNOSIS. The Use of Symptoms in the Diagnosis of Disease. By HOBART AMORY HARE, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Third edition, enlarged and thoroughly revised. In one 8vo volume of 615 pages, with 204 engravings and 13 full-page covered plates. Philadelphia and New York: Lea Brothers & Co. 1898.

It is somewhat remarkable, in view of the many books on this subject or bearing close kinship to it, that Prof. Hare's treatise should have advanced to its third edition in two years after its first appearance. This is the almost universal thought at first glance—this is "snap diagnosis." But a little closer examination of the work will disclose ample reason for its popularity and explain why it has, in a measure, outstepped others in the race for professionl and especially for text-book favor.

We have heretofore in previous notices of the book, called attention to the method Dr. Hare adopts in arranging the subject—one that is unique and withall, most useful and instructive. By making the symptoms units and arranging them under two general heads—the manifestation of disease in organs, and the manifestation of disease by symptoms—he attains simplicity in the presentation of the subject and commands at once attention to its salient features. The fact that these two general subdivisions are placed in reverse order, is an additional reason why the treatise meets favor, for this is after all the logical way to deal with diagnostic questions.

This edition has been thoroughly revised, bringing it forward to the immediate present as a guide to diagnostic precision. The rapid strides of medical science make it impossible for any work to keep pace with it, unless through the medium of frequent additions, hence

it is better to choose such a book when a choice must be made between several. The present edition retains all the features of its predecessors and much new material has been added. It is well indexed, generously and carefully illustrated, and altogether is the most satisfactory work on diagnosis extant. This and Hare's Practical Therapeutics make a pair that it is difficult to match and still more difficult to beat.

DIET AND FOOD; Considered in Relation to Strength and Power of Endurance, Training and Athletics. By ALEXANDER HAIG, M. A. and M. D., Oxon., F. R. C. P. With five illustrations. Pages 86. London: J. & A. Churchill, 7 Great Marlborough Street, W. 1898. Philadelphia: P. Blakiston's Son & Co.

The author felt compelled to write these few pages because of the large amount of ignorance and prejudice prevailing in regard to the questions of diet and body strength and nutrition; also because it will be found that in the diet lies the key to nine-tenths of the social and political problems that vex our nation and time.

"Diet, as at present used, is often the product of a vast amount of ignorance; it is the cause of a hideous waste of time and money; its produces mental and moral obliquities, destroys health and shortens life and generally quite fails to fulfil its proper purpose." It will thus seem to be a very timely topic for consideration and one that deserves a broad and wide field for discussion. The ideas of the author so well known by the profession from his work on uric acid are forcibly and ably expressed in this little volume and are well worth perusal, even if the reader cannot concur in all that the author presents. To banish all meat foods, eggs and the lighter stimulants, as the coffee and cocoa, and to live on the vegetables, fruits, carbohydrates, may do in certain climates, but in such a changing climate, such as we live in, it must seem that a mixed animal and vegetable diet would be preferable. The author's way of explaining the deleterious effects of a flesh diet is interesting and instructive and the same method pervades the whole work.

The book is beautifully gotten up and is an ornament to any physician's library. W. C. K.

A TREATISE ON DISEASES OF THE EAR; together with a Brief Sketch of the Anatomy and Physiology of this Organ By ALBERT H. BUCK, M. D., Clinical Professor of the Diseases of the Ear, College of Physicians and Surgeons, Medical Department of Columbia University, New York; Consulting Aural Surgeon, New York Eye and Ear Infirmary and the Presbyterian Hospital. Third revised edition. Octavo, pp. xii.—592. New York: William Wood & Co. 1898.

This treatise has been familiar to the profession through its previous editions and it has been already accepted by otologists as a standard work on the ear. The author has had a very large experience in this branch of medical science and he is a most attrac-

tive writer. His large acquaintance with the medical world, made as the editor of Ziemssen's Cyclopedia of Practice, gives him the confidence of physicians everywhere.

The field now covered by the oral surgeon is an extensive one, having been very much enlarged during recent years. First the nasal tract was added and now many intracranial diseases of otitic origin have been annexed, thus very materially increasing the responsibilities of the otologist. The author of this work has constructed it on the broadened domain here indicated. The text of the treatise has been fully and completely revised, embracing everything written in the legitimate field of otology, according to its present boundary lines. This made necessary an entirely new set of plates, so that nothing might be left undone to modernise the book in accordance with the most advanced state of science. We regard it as a treatise not only useful to the specialist, but from which the general practitioner of medicine will derive great benefit.

SAUNDERS'S POCKET MEDICAL FORMULARY, with an Appendix. By WILLIAM M. POWELL, M. D., Author of Essentials of Diseases of Children; Associate Editor Annual Universal Medical Sciences, etc. Fifth edition, thoroughly revised. Price, $1.75 net. Philadelphia: W. B. Saunders. 1899.

The fifth edition of this popular little work is made to keep abreast of the times and is consequently thoroughly revised and augmented to bring it in line with the advances that have been made in therapeutics. Many new formulæ have been incorporated, whilst many of the older date and lesser usefulness have been replaced by others of recent origin and established worth. The tables of doses have been modified and amplified in conformity with the change wrought by time and the section on Incompatibles and poisons and antidotes considerably enlarged. Like its predecessors it is worthy of the confidence of the busy practitioner and is to be commended.

W. C. K.

HISTOLOGY: NORMAL AND MORBID. By EDWARD K. DUNHAM, Ph. B, M. D., Professor of General Pathology, Bacteriology and Hygiene, in the University and Bellevue Hospital Medical College, New York. Illustrated with 363 engravings. Pp. 448. New York and Philadelphia: Lea Brothers & Co. 1898.

The writer has devoted most of the space in this work to a description of the normal structures and has contented himself with only a brief account of the histology of the more prevalent morbid processes. For the sake of clearness, however, examples of morbid structures have been selected from various parts of the body to illustrate the different phases of the processes that were being outlined. The author divides his work into: Part I., devoted to normal histology; Part II., devoted to histology of the morbid processes and Part III., to histological technique. We know of no textbook on histology that covers the ground so thoroughly and yet con-

cisely and predict for it a successful future. The author is a careful, painstaking worker and he stamps his individuality on every page of the book. Printing and illustrations are of excellent quality.

W. C. K.

FORMULAIRE DES MÉDICAMENTS NOUVEAUX POUR 1899. Par H. BOCQUILLON-LIMOUSIN, pharmacien de 1re classe, lauréat de l'École de pharmacie de Paris: Introduction par le Dr. Huchard, médecin des hôpitaux. 1 vol. in-18 de 324 pages, cartonné. Paris: Librairie J. B. Baillière et Fils. 1899.

The tenth edition of this popular little work needs no introduction to the medical profession, its success speaks for itself. It is brought down to the present by the introduction of such drugs and remedial measures as have been admitted to modern scientific therapy.

W. C. K.

A MANUAL OF THE PRACTICE OF MEDICINE. By FREDERICK TAYLOR, M. D., F. R. C. P., Physician to, and Lecturer on, Medicine at Guy's Hospital, etc. Fifth edition. Pp. 1,002. London: J. & H. Churchill, 7 Great Marlborough Street. Philadelphia: P. Blakiston's Son & Co. 1898.

The fifth edition of this standard text-book finds it carefully revised, some sections largely rewritten and notices of many diseases recently recognised or omitted from former editions added. The introduction to the Diseases on the nervous system has been revised and partially rewritten and chapters added, especially on aphasia, erythromelalgia, angeioneurotic edema, Diver's palsy, and yet these chapters could very well be left to the special works on nervous diseases, where they would receive the space and attention which they deserve.

A separate section has been given to diseases of the mediastinum, and filarial disease and hemoglobinuria have been transferred to diseases of the lymphatic system and the blood respectively. The style of the printing of the work has also been changed, with the larger page and clearer type; the value of the book to students and practitioners is greatly enhanced.

W. C. K.

BOOKS RECEIVED.

The Ready-Reference Handbook of Diseases of the Skin. By George Thomas Jackson, M. D., Professor of Dermatology, Woman's Medical College of the New York Infirmary, and in the Medical Department of the University of Vermont; Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. New (3d) edition. In one 12mo volume of 638 pages, with 75 illustrations and a colored plate. Cloth, $2.50 net. Philadelphia and New York: Lea Brothers & Co. 1899.

Proceedings of the American Medico-Psychological Association at the Fifty-fourth Annual Meeting, held at St. Louis, Mo., May 10–13, 1898. Published by the Association. Edited by the Secretary, Dr. C. B. Burr, Flint, Michigan.

A Compend of Human Physiology. Especially Adapted for the Use of Medical Students. Quiz Compends, No. 4. By Albert P. Brubaker, A. M., M.D., Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery, etc., etc. Ninth edition, with new illustrations. Price 80 cents. Philadelphia: P. Blakiston's Son & Co. 1899.

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Clinical Neurology, Mental Diseases and Medical Jurisprudence, Northwestern University Medical School, Chicago: and Frederick Peterson, M. D., Clinical Professor of Medical Diseases, Woman's Medical College, New York. With 305 illustrations. Royal octavo, pp. 843. Cloth, $5.00; half morocco, $6.00. Philadelphia: W. B. Saunders. 1899.

Diseases of the Ear, Nose and Throat, and Their Accessory Cavities. By Seth Scott Bishop, M. D., D. C. L., LL. D., Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital; one of the Editors of the *Laryngoscope*, etc. Second edition. Thoroughly revised and enlarged. Illustrated with 94 chromo-lithographs and 215 half-tone and photo-engravings; pp. xix.—554. Extra cloth, $4.00 net; sheep or half-Russia, $5.00 net. Philadelphia: The F. A. Davis Co. 1899.

A Text-Book on Practical Obstetrics. By Egbert H. Grandin, M. D., Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, etc. With the collaboration of George W. Jarman, M. D., Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, etc. Second edition; revised and enlarged. Illustrated with 64 full-page photographic plates and 86 illustrations in the text; pp. xiv.—461. Extra cloth, $4.00 net; sheep, $4.75 net. Philadelphia: The F. A. Davis Co. 1899.

A Handbook of Obstetric Nursing; Comprising the Course of Instruction in Obstetric Nursing given to the Pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M. D., Demonstrator of Obstetrics in the Woman's Medical College of Pennsylvania; Physician-in-Charge and Obstetrician and Gynecologist to the Woman's Hospital of Philadelphia, and Superintendent of the Nurses Training School of the Woman's Hospital of Philadelphia. Forty illustrations; 12mo. Handsome cloth, $1.00. Fourth edition, revised. Philadelphia: P. Blakiston's Son & Co. 1899.

Diagnosis by the Urine, or the Practical Examination of Urine with Special Reference to Diagnosis. By Allard Menninger, M. D., Professor of Chemistry, Urinology and Hygiene in the Medical College of the State of South Carolina; Visiting Physician to the City Hospital of Charleston, etc., etc. Second edition, enlarged and revised. With illustrations. Philadelphia: P. Blakiston's Son & Co. 1899.

Addresses and Papers by the Members of the Instructing Staff of the New York State Veterinary College, at Cornell University, for the years 1896–98. Ithaca, N. Y.: Published by the University. 1898.

International Clinics. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc., etc. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of Medicine at the Charing Cross Hospital. David W. Finley, M. D., F. R. C. P., Aberdeen,

Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume IV. Eighth Series. 1899. Octavo, pp. xii.—375. Philadelphia: J. B. Lippincott Co. 1899.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 490 pages, 28 illustrations and 3 colored plates. Philadelphia and New York: Lea Brothers & Co.

LITERARY NOTES.

THE Grosvenor library, as has been heretofore announced in the JOURNAL, has successfully launched its medical department, and the distribution of the printed catalogues of this branch to the practising physicians of Buffalo has been completed. Anyone failing to receive a copy can secure one by sending such name and address to the library.

Physicians wishing extracts made from the medical works can have this done by the young woman in charge of the balcony floor of the library. As her time for such work must be limited by her other duties, it may not be possible to supply copies of all that is wanted, but so far as this can be done it will be done willingly and gratuitously.

Another arrangement has been made by the trustees of the Grosvenor Library that it is hoped will be appreciated by the physicians of this city. In this department a book donated to the library may be taken out at any time by the donor, or on his written order, for a period of one or two weeks at a time. It is hoped that under this arrangement physicians will be enabled to place many books that they use for occasional reference only, in the Grosvenor Library where others may have the benefit of their use.

THE International Medical Annual for 1899 is announced. It is a work of reference for medical practitioners, alphabetically arranged, and combines the features of an annual retrospect with those of a medical encyclopedia. It is copiously illustrated with elegant plates, in colors and black and white. Each volume contains entirely new matter. Price, $3 net, post or express paid. E. B. Treat & Co. are the publishers, 241 to 243 West 23d street, New York.

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Original Communications.

THE TERM "CONSERVATIVE SURGERY" AS IT HAS BEEN PROPOSED TO APPLY IT TO THE UTERUS AND ITS APPENDAGES.

BY LAWSON TAIT, F. R. C. S. Eng., Etc.,
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I WAS very much amused some months ago by an article in the *Nineteenth Century* on Anesthetics, in which it was recommended to the laity that "each one of us should refuse resolutely to take chloroform or allow any member of our family to take it without first obtaining a guarantee from the anesthetist that he will administer it on an open cloth, held at a given distance from the nose, and that the time taken to put us under shall not be less than eight minutes." I was amused because the *Nineteenth Century* is published in London, the very hot-bed of new anesthetics and new methods of administering them. I was amused because here was Simpson, of 1851, coming back after nearly fifty years and his method being forced back on the medical profession through a lay journal—an offence of the direst description. The offence was resented, of course, by a large number of medical journals in this country, on the Continent and in America, and, of course, the greatest amount of fun was to be had out of the criticism and opposition of our trans-Atlantic friends.

One of the most prominent, and I think the best of the American medical weeklies had a leading article on the subject, in which the very difficult task was fully accomplished of admitting the need and justice of the outcry on the part of the patients as voiced by the *Nineteenth Century*. The fault in this country, says the article, is for the most part limited to the administration of ether, where the most inexcusable indifference to the patient's comfort is often demonstrated.

The man who gives the anesthetic in a hospital is regularly the youngest man on the staff, a fresh graduate with theoretic teachings alone, or the example of another interne, as his guide. The cone soaked with ether is crowded down over the patient's face and he makes a courageous effort to stand it for a time. Very soon, however, he struggles to save himself from what these patients afterward describe as a feeling of imminent suffocation and death, and gains a breath of fresh air only in those cases in which the orderly or orderlies are unable to hold him down. It may be a little comfort that they are as bad in America in one way as we are here in another, but the whole thing is discreditable to our profession, and absolutely subversive of any claim ever to rank as a science. For here we have the greatest drug ever introduced, imperatively the greatest boon ever granted to humanity after opium, that is an ideal anesthetic to my mind, of course, chloroform; and we are not yet agreed about it, its method of administration, its power, and its method of fatality, in fact we are agreed only that it is an anesthetic. The history of this magnificent subject during the half century is a record of proceeding not only entirely unscientific, but eminently discreditable to a body of men who are supposed to have, by their examination in Euclid's six books, at least mastered the elements of the art and science of logic. It is a history of rash and unjustifiable introductions of new substances and new methods, going as far as the introduction of the old substance under a new name, "a substance much safer, more rapid, more and everything better than chloroform," by a man who was for a time a medical Cagliostro. We had, of course, hundreds of courses of experiments on animals in India and elsewhere, with conclusions as absolutely hostile as well could be. We have had initiated only one logical research in the shape of the "Anesthetic Committee," inaugurated by our own association, which still dawdles its slow length along and will report, as I am informed, about the year 1950.

If I had time I could illustrate my purpose as well in the matter of new drugs, but I shall content myself with one short quotation concerning one of the newly passing foibles, "Thyroid" and its use in bleeding fibroids. In the *Medical News*, New York, page 17, Moseley reports "that while some patients can take comparatively large doses of thyroid with impunity, others are injuriously affected by small amounts," and having established this extraordinary conclusion concerning our cherished sweet-bread, he tells us that they have a marked influence in bleeding fibroids, in checking the excessive loss

of blood, and in some cases in diminishing the size of the growth. His observations were extended over five cases. and is an example of the sort of thing which almost renders our desire to see new drugs kept out of the market by act of parliament till they had passed through a mill of judicious and stipendary investigation.

The fault of this logical deficiency is not, of course, confined to affairs medical, for we find the general affairs of the whole nation robbed, say at a general election, by the words and votes of the floating residum of voters in the most important, and generally therefore the most incompetent electoral country, and we seem now to be on the threshold of a vast upheaval within the serene demesne of our National Church, the result of a ruthless spirit of innovation and desire for new methods and new measures, not even a revival of the good old things so faithfully followed by our ancestors for over a thousand years.

But in matters medical we ought to do better than that, particularly is it possible in matters of surgery when we have proof of results not tangible in the sister art of medicine, save within very limited lines.

For the last forty years, I think, hardly an inaugural address dealing with the generalities of the advances of surgery has omitted reference to the history of ovariotomy as one of its crowning glories. But I do not accept the story in that way at all. I think the whole thing discreditable, and for one reason only, even if no others were available, that whereas Nathan Smith penetrated the secret to the very depth, and published it in 1827, his great discovery was pushed aside by "new methods," and the great advantage of it was withheld from suffering humanity for more than half a century. Surgical historians, writing towards the end of the coming century, will not look on this as a brilliant record.

Arrived at the year 1878 we put the removals of ovarian tumors down with a mortality of 5 per cent. and then paused to look around. The start of abdominal surgery from this point was made when I showed that 100 consecutive exploratory incisions could be done with a hardly appreciable mortality, and then I formulated and established the law that when conditions in the abdomen threatened life or made it unbearable, we were justified in opening the abdomen to discover the site and nature of the disease. Out of this, as a matter of course, arose one by one and rapidly, as my records show, all the modern and fully accepted operations for gall-stone, etc., which now fill large text-books. Among these records fully numerous

operations on the uterus and its appendages, most of which have become classic, and will remain so, unless upset for a time by men more restless and new methods wholly unnecessary.

It is needless to say that in this losing battle, going over now a period, so far as I am concerned of more than thirty years, I have not, I did not consider it necessary, and it certainly would not have been advisable to make public every step in the process. Mistakes were made, methods employed were found to be faulty and unsuccessful and nothing would have been gained by dilating upon them or even drawing attention to them. Just as I started, Dieulafoy had introduced his aspirator—an instrument in the device of which he had been anticipated by Bowditch and Protheroe Smith; indeed by many others, until we get back to the Roman surgery of Pompeii; and Maisonneuve had fought the battle of the drainage-tube. The pelvis did not escape either of those proceedings and they were fully employed. Between 1871 and 1878 my carriage bag had always had an aspirator, but for at least twelve years I have not used it. With it I carried a number of ingenious devices for making openings in the vagina, and getting drainage-tubes into something, never knowing exactly what, sometimes curing, but more often failing to do real permanent good. But as it dawned on me that the peritoneum had no real terrors if respectfully treated, I found that it was better to ascertain accurately what was needed by careful ante-mortem examination, rather than make hap-hazard shots from below, and after a series of trials came my paper on Treatment of pelvic suppuration by abdominal section, which revolutionised the practice of pelvic surgery all over the world. Not only so, but it cleared up the pathology of the pelvis and put a stop to the eternal and ignorant wrangling about perimetritis and parametritis, which had gone on for nearly thirty years. Of this, the present generation has no need to know anything, and truly it does not, as may be seen from the contents of a paper by Dr. Noble, in the *Philadelphia Medical Journal*, of July last, entitled the Conservative treatment of pelvic suppuration of puerperal origin. He begins, as is not unusual with such people, by reference to, and conclusions derived, according to his interpretation from my own writings, and succeeds, as is equally usual, in completely distorting my teaching. He goes so far as to quote my own words almost verbatim and then commenting on them in this sentence: "These elementary pathological facts are now generally recognised, although some years ago they were sharply controverted, more especially by the disciples of Tait."

According to his contention the truth was first established by the publication of four cases of True pelvic abscess, by Dr. Charles P. Noble, in August, 1891, before English gynecology was born. He gives his idea of the differential diagnosis between pelvic cellulitis and pus tubes or intraperitoneal abscess (regarding these two as the same) and misses the fundamental parts of my teaching on this subject, first published ten years before his paper of 1891, that there are two varieties of intraligamatous suppuration, one in the outer half of the layers, which he has recognised and another in the inner half, quite as easy to recognise, is found in the left side, having a sign which there is no mistaking, and then he goes on to describe such a case which he did not diagnosticate, but mistook when he need not have done; for which he opened the abdomen correctly enough but did not proceed to complete the operation as he should have done, and subsequently attacking the abscess from the vagina, as he might have done at first if he had been at all familiar with my teaching, or had been one of those disciples upon whom he pours the vials of his contempt.

It is not for such blundering as this that I now draw attention to Dr. Noble, but because he is an example, though a very bad one, of the clouding school of abdominal surgery. Of these, most exist in Germany, and the treatment seems to be reaching England, and whilst I would be the last, by my utmost endeavor, to deride change merely because it was new, I deprecate change when introduced for no other purpose than its novelty, when its novelty leads us off the track of the investigation of facts already quite familiar to us, but concerning which we have not arrived at final conclusions.

That suppuration in the plevis should not be made the subject of surgical rule different from that affecting other regions had to be my cry for nearly ten years, or as I put it that a surgical crisis shall rise in the pelvis as it does in the knee-joint, and I carried my point against all comers. The chief opposition was, of course, from the uterine tinkerers who were overwhelmed by seeing their consulting rooms emptied of the helpless sufferers, who came day after day for a glycerine plug, or month after month for new pessaries. They raised the cry of spaying women, emasculation of women (a strange mixture of etymological definition) and even went so far as to say that we surgeons operated for the fees at the end of the cases. This cry ceased, however, when it was shown that the operating table of the surgeon was much cheaper in the long run than the consulting room of the pessary-monger; and, personally, I am now in a position

to say that I should have been a much richer man if I had never seen any of these cases, for as I had to give bed-room to the great bulk of them I was out of pocket, and largely, by the whole transaction. The strange thing is that the cry is still kept up by beardless boys who tells us what they can have no personal knowledge of, whether it be true or not "that the reckless way in which, in the past, gynecologists have removed uterine appendages without adequate justification, is the opprobrium of our art. In the past, I was in the habit of checking such nonsense by saying that such informers either knew of such proceeding or they did not. If they did not they were liars. If they did it was their business to give such information as would put the offenders on their trial for felony, and failing to give such information, they were accessories after the fact and so liable to indictment themselves. I went so far as to serve notice on a well known London physician who was guilty of this, that I should prosecute him if he did it again, and since that time he has been quiet.

Another parrot cry still being repeated was that most operations made the patients absolutely sterile. But then they were so rendered by the disease before our operation. Disease of the lower joint makes a man lame, amputation of the limb confirms the lameness, and the best case of a "conservative" result of an excised knee-joint I have ever seen did not get about free from lameness—in fact, I think the lameness was worse than it would have been with a first-class artificial limb. Double pyosalpinx renders a woman absolutely sterile. Nay, more; as a rule, she cannot have intercourse. Removal of the appendages does neither increase nor decrease the sterility and it often removes completely and permanently a grave interference with marital life. Opening and draining a double pyosalpinx may do as much, but that it will cure sterility—pigs may fly, but I have yet to see a flight of them.

Foiled in all such arguments, our critics have found another platform, and I take again Dr. Noble as my example—he is as good for my purpose as any other of the score from which I might select, they are all as deficient in logical acumen as he is, they put their cases quite as badly, and all are as open to the same suspicion of quackery; there is no use mincing terms or using plausible phrases to hide the pill which must be swallowed.

It is forgotten, or at least seldom acknowledged by gynecologists, that the adoption of measures does not rest with them, but with the mass of the profession, men in general practice, upon whom rests the responsibility of advising their patients for what seems to be the

best. It is perfectly true that the profession will be and must always be governed by the weight of a great name, so that I had a very hard fight after the International Congress, at London, in 1881, when Spencer Wells said that he had only once seen such a case as I described in his life. I answered by publishing a long series of my own cases which had previously been under his own care. This cost me his personal friendship, a result I regretted as long as he lived, and still regret, but I won the battle. I silenced Matthews Duncan by compelling him, almost by threats, to come with me to a neighboring house in London, to see me remove two huge bags of pus in a patient under the care of Dr. Chapman Grigg, which had quite recently been under that of Dr. Duncan. I met the personal difficulty with another case in London, when six distinguished practitioners met me and assured themselves that I had exaggerated my diagnosis, that there was nothing much the matter, by taking Ruth to London, making him operate, and then submitting to them further report of the operation.

Now another battle rages, and I shall halt no more in it than I did in the former, though my fighting powers are no longer as sharp as they were nor my taste for warfare as great. We are told again, though the contrary has been proved over and over again, that in a considerable majority of cases there is a diminution or total abolition of the sexual instincts. This is not true, in fact it is absolutely untrue. It is a subject on which, of course, the publication of facts is extremely difficult, either one way or the other. But my own facts establish the conclusion that the cases of abolition are extremely few, not more than 5 per cent., but they get greatly tattling about by loose-minded women and by men whose senses of honor and proper reticence in matters concerning their wives is strangely defective. On the other hand, the instances of restitution of marital relations, which had been entirely destroyed by disease and restored by the operation required are at least 60 per cent. of all the cases. In a few instances the mysterious fact remains that women who before operation had little or no sexual appetite, had it developed after treatment to an extent which becomes inconvenient. I removed the appendages, twelve years ago, of a lady noted in public estimation to the highest degree. She had had one child, and her husband had never shown any sexual response whatever, till the operation, when it became oppressive to him and he died. She lived as a widow for three years, applying to me from time to time for arrest of this symptom, until it got so bad that I advised removal of the uterus, and

this I carried out not only without benefit, but rather with an increase of the trouble. She greatly objected to the idea of a second marriage and had always resented my advice, and the advice of her parents, in that direction; but at last, and entirely to save her conscience from the reproach of wrong, she married again, and a few months ago the fact was announced in every paper in Europe. It is therefore perfectly useless to say that in a few cases the sexual tastes are destroyed. What kind of an argument is it, I shall consider afterward, but meantime I go on discussing it on what merits it has; to prove the argument, and put in semi-decent form, the word "conservative" is introduced, a piece of rampant deceit and chicanery.

Dr. Noble has two papers that I have already quoted, and another on The conservative treatment of fibroid tumors by myomectomy. The paper is hardly worth referring to, reeking as it does of all the work of Simpson, Pean, Marion Sims and others of less note, who brought myomectomy as far as it would go, more than a quarter of a century ago, and thus it was left by all of us. But the paper is a useful warning of a common logical error, the use of the one distributing middle-term, or in plain words, the use of a term devoid of definition and employed with various and irreconcilable warnings in the course of the same argument. Thus in the one paper he alludes to the preservation of parts of ovaries diseased and adherent, and bits of occluded tubes as "conservative surgery," whilst in the other the same thing means removal of the whole uterus, the absurdly so-called pan-hysterectomy, revived from the moral of Pean's morcellement and hashed up as something new.

The term "conservative surgery" was introduced by Fergusson in the late "fifties," and was the cause of a hot feud between him and the more logically-minded Syme. But, as Fergusson puts it, it was fair enough, and became afterward limited almost entirely to its best example, that of excision of the knee-joint. Fergusson was a prince of operating surgeons, and none who can remember his magnificent figure and wondrous success, unmoved as he made the knife fly at things in the old days, with a rapidity which few eyes could adequately follow, can easily believe that such an operation as excision of the knee-joint would meet with his strong approval. In theory it was all right. Conserve the lower limb; it must always be better than an artificial one. But, alas! though his pupils carried the banner of this conservatism far and wide, it did not keep its promise, and on Syme's face there was to be seen, and there only, that strange little smile of triumph as he lopped off a "conserved"

leg." "Conserve the parts," was his only comment, and the operation took a back seat and occupies now a very restricted area.

Fancy my astonishment, therefore, when I read in the second paragraph of Dr. Noble's second paper this sentence: "In the recent past, true conservatism—that is, the welfare of the patient—has required," etc. This is another theory, and completely confirms my life-long belief in politics that the advanced Liberal is the truest Conservative. Certainly, with this definition, we all are, all hope to be, all must strive to be truly conservative. But why should Dr. Noble pretend to be that, and exclude others equally earnest in their efforts, and use for himself a phrase which reminds one of the story of the two men who went up into the temple to pray. If he claims exclusively to be a conservative, then I say he is also a Pharisee, as are also those who use this phrase as he uses it.

For what is its real intention, other than to declare that he has, and uses, a method of operating which conserves the sexual instinct, as he plainly does in his concluding sentence, together with a hope that the sterility may not be complete, nor completed.

In all such cases the probability of the restoration of fertility is so minute in its uses that it is wholly unworthy of discussion or acceptance, since in some very unusual set of conditions, as when the succession to a crown is concerned, and then, I, for one, would not accept the responsibility. Crowned persons are a risk unto themselves, and I never cared to share in the government. For the general public the terrible facts of over-population, and the fact that of all children born one half died before they are five years, was enough to dismiss such a bagatelle from my mind. When such patients have been married for years and remained sterile, it may be assumed that the sterility is complete and when the mischief has resulted after the birth of one or more children the patients themselves usually dismiss the argument with impatience. The second question, I find, is now being directed towards the apprehension of the husband more than to his partner, and here is where the quackery comes in.

In a recent case where I was concerned, and where it was strongly wished that the case should be got out of my hands, it was urged that whether on the one hand I should geld his wife and use, like a log of wood another surgeon, strongly recommended as of the conservative school, would leave her active, the husband promptly replied that the case was that of his wife not that of a strumpet, and the efforts failed. I confess that this is how I should look at the question,

especially in the light of the public experience of Landau[1] and others who are practically the leaders of this new movement, aided by what is probably of far more importance, my own wish and longer established experience. The whole thing is based on a misconception of the function of the ovaries, which have no more to do with the sexual appetite than the kidneys. Nor have the fallopian tubes, nor the uterus, as it is maintained, and as I have proved, sometimes increased by the complete absence of all five. The two most erotic women I have ever come across were two sisters in whom not the slightest trace of uterus and ovaries could be determined, and in one of them I had positive knowledge of the fact of that complete absence when I operated upon her for tuberculous peritonitis. They were in good social position, were not insane, yet no kind of inducement, social, parental or restrictive could prevail upon these women to refrain from inspiring every man with whom they could get an opportunity to have intercourse with them, and *faute de mieux*, they were confirmed Sapphists as well as the daughters of a well-known physician.

Finally, is it an argument, even if it could be sustained, which we as surgeons, can give weight to?

I do not often quote Scripture, but I think that a great clinical lesson on this subject may be got in the V. Chapter of Matthew, when at the 29th verse we are told that "if thy right eye offend thee, pluck it out, and cast it from thee. And if thy right hand offend thee, cut it off and cast it from thee; for it is profitable for thee that one of thy members should perish, and not that thy whole body should be" infected with bacilli, a lesson which is still more emphatically localised as pertinent to the present man by my national poet in words which read:

> "Geld you, quo he, and what for no?
> If that your right hand, leg or toe,
> Should ever prove your spiritual foe
> You should remember
> To cut it off—and what for no
> Your dearest member?"

We are now called upon to play the part of moralists, but this we are called upon to do, to adopt as our guiding principle to do the best we can for our patients and for our art, and then for ourselves. I have always held in detestation any surgical proceeding which brings with it a risk that the patient shall have to submit to a second operation. I have, therefore, always steadily opposed all operations for malignant disease undoubtedly pronounced. Nothing brings so

1. We are not quite sure as to this name. It is Laudson in the copy, but we think Landau is intended.—EDITOR.

much discredit on our art, nothing so much discredits the individual practitioner. Not only so, but second operations in the pelvis are always more difficult than the first, and according to all published facts far more fatal than operations completed at first. So much is this the case that I have been driven by the stern logic of facts to advise a more complete operation than ever in certain kinds of disease of the appendages. I refer to those in very young women, when the mischief has arisen apparently at, or even before, the molimenal period. I am certain that of all the cases of suffering from the results of chronic inflammation of the uterine appendages they suffer the most, their sufferings begin soonest, and they are the most difficult to relieve. Among them I have had my worst and most bitter disappointments of relief expected, and have had discredit in this class of cases. About eight years ago I removed the uterus in one young lady, from whom I had removed the appendages, thirteen years before, not only with a failure as a result, but I had made her worse; she had taken to drinking, been placed in an asylum and had altogether gone to the bad. I removed her uterus and cured her promptly and, after nearly eight years' success, I think I may say permanently. I followed this case up, and hunted up a number of my known failures, removed the uterus in eleven more cases and have succeeded in all and I am now hunting up some more. This is conservative surgery. As a cross to it, I was called to London a few weeks ago to a consultation with one of the eminent west-end doctors on a case of this kind. I advised a complete removal, but the patient was conservative in the other way. She was sure that it was all in the right ovary, and the right ovary alone was to be removed. After much arguing and a full understanding in black and white, I consented to divide the operation and removed the right ovary and tube. We shall see. I do not usually accept a fettered condition such as this, but my colleague is a man for whom I have a great reverence and he took the responsibility, therefore I acquiesced.

My belief is consummate in such radical surgery as will preserve my patients from further risk, and I do not regard the "sexual appetite argument" as worthy of any but the brothel-keeper with whom it would, of course, have great weight. Concerning the surgical difficulties and dangers of the so-called "conservative" operation, my old experience of the early "seventies" are confirmed in a paper by Mr. Stanmore Bishop, in the *Medical Press and Circular* for November 23, 1898, and I need do no more than refer to that common-sense contribution to the subject.

SOME POINTS IN INCIPIENT ORTHOPEDIC CASES.[1]

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IN A SOCIETY as erudite as I have the honor to address, some things I have to say may appear trite; still it pays to take occasionally a bird's-eye-view of well-known objects. Here and there they will appear in a new and instructive attitude.

It has come to pass, and that by no means seldom, that I have encountered cases in practice which I have found lamentably progressed for the worse by early neglect or want of diagnosis, and so certainly have many of you.

Let us be veracious and say how often have we examined a newborn with that careful attention which would make sure of not having overlooked some *vitium primæ formations?*

Do we not rely too much upon nurses and aunts, glad of being through with the martyrdom of having listened to the groans of the laboring woman and of having alleviated them as best we could, and happy of having found the time to recuperate our drooping spirits in the rest of well-earned slumber? Still we should not do so, but give the newborn a good and thorough investigation. For many a defect unobserved may develop into a state greatly to be deplored where we could have helped so easily. Once in awhile the diagnosis may be difficult. Thus let me divide the subject for practical purposes into diagnosis and treatment, because it will answer as well for later troubles. Of course, it is not my province to tell you how to diagnosticate the commonly so-called orthopedic cases, but permit me only to make a few remarks about the difficult ones.

Here the safest rule is like with a continued fever where a diagnosis is impossible—to take and treat it for the worst possibility within the range of probabilities. If we have a patient, who complains about some pain in the knee and he shows some indistinct lameness without a swelling of the knee, do not give him a liniment, especially if it is a child—make it a hip disease—put the patient in a plaster cast or Taylor's splint. If you have erred and it was a sciatica or rheumatism of the hip-joint you have not to blame yourself of not having provided for the worst possibility without having played the cheap, smart gag of intimidating the patient in order to appear afterwards as the archangel who killed the dragon. I know, this contemptible way of making a reputation is beneath the dignity of a Niagara Alumnus. But to be a little systematic. The most difficult diagnosis

1. An address before the last meeting of the Niagara College Alumni Association.

in the newborn is the recognition of hip-joint dislocation. Here I can give one advice only. See if the Nelaton line falls correctly and in case of doubt take an x-ray photo. In fact I am not aware that this defect was ever recognised in the newborn.

Lorenz's method of reduction has made the cure of this hideous defect so beautifully easy, and grows so steadily more and more in difficulty as age advances, that we ought to make every endeavor to recognise the defect before walking or standing has aggravated it. The capsule ought not to be contracted—yet according to all we know of the pathology of this defect, and so early recognition is urgently desirable. I hope one of you will be the first to publish the first case in the newborn to the glory of the Alumni Association and of the Alma Mater.

The club-feet of the newborn are easy of diagnosis, but attention is necessary, or else light degrees of pes planus or varus will be overlooked simply at a time when correction is marvelously easy. Hernia of the navel is once in awhile difficult to diagnosticate, as simple as it would seem it ought to be, but sometimes the folds of the skin are so prominent as to simulate hernia. The safest is the rule given before—treat as though the worst possibility existed.

How many of us look for an undescended testicle in the newborn and yet we should, as its consequences are often troublesome or worse, and a truss with its pad above it will invariably force it down into position. Let us not forget to look for hydrocele, because the cure of it is so easy at the time without operation. Hernia likewise.

The majority of other defects in the newborn, birthmarks, closures, clefts, defective or multiple fingers, web-fingers and the like, are easy of diagnosis and are seldom overlooked by attendants, but as a minimum ought to be inquired about, as the treatment, respectively, degree of surgical interference, grows with every day of life, and as the flesh of the newborn heals remarkably readily. If anything is worthy of mention in the line of diagnosis it is the Erbs (imperial) paralysis. Light degrees may be overlooked, but are probably cured by the *ars medicatrix naturæ*; so may the light cases of anterior poliomyelitis later on. Finally, fractures occur in utero and may be healed at the time of labor in a wrong position. If we make any during version, we ought to freely acknowledge the fact after hearing respectively, feeling the ominous click and ascertaining the fracture.

In later life the difficult diagnosis in orthopedics (a word by the way already used by Andry in 1741) was illustrated already concern-

ing the hip, and so it remains everywhere at the very beginning of trouble and here the first and last rule is examine! examine! measure, move, compare right and left and again where in doubt treat for the worst possibility in the range of probabilities. If we do not forget the very first symptoms of orthopedic affections, we will be alert to recognise incipient disease and obtain corresponding good results. For this purpose the first rule is to strip the patient to Adamitic appearance. A stiff bearing of the trunk is suspicious of Pott's disease, particularly if accompanied by shooting pain in the chest or abdomen in the night. An unduly prominent os naviculare shows beginning flat-foot, abduction and outward rotation of the leg, beginning hip-disease, particularly when accompanied by night cries. A raised shoulder or projecting lower angle of the scapula point to lateral curvature, particularly if accompanied by night cries of pain. An unduly prominent abdomen speaks for rickets; if abdominal pain is complained of, it may be Pott's disease after all. Walking nakedly will show you at once genu valgum or varum. The lightest limp will be revealed, which may be readily overlooked when the child is clothed or partially clothed. Genu recurvatum may escape your notice, if you examine the one leg alone, but never when the child is stripped. So it is, even with a hernia. The rule for diagnosis everywhere is to observe—but how can we observe, when the child is clad—there we observe the tailor's art chiefly.

Sudden upstarts and yelling from pain in the night are suspicious of tubercular disease, if the pain is in the chest or abdomen and no reason found there of Pott's disease; if the pain is in the knee, of hip-disease, if configuration of the knee and its mobility are perfect. If local changes in the knee are noticeable, of course, the knee itself, is the seat of the malady. Pain in the foot, without swelling, is often due to developing of flat-foot, while the congenital form is painless.

Muscular spasm, if not due to spastic paralysis, or other nerve disease, points to tubercular joint affection, sometimes, though, to nontubercular troubles. Here the thermometer may reveal the nature of the trouble—meanwhile consider it tubercular. In drop-wrist, do not forget lead-poisoning. Crying of a baby when being lifted, dressed and the like, requires the most painstaking examination. Laying it upon the abdomen may reveal Pott's disease by an undue prominence of a processus spinosus, while the sitting posture may not, because the prominence is hidden in the general bending of the back.

Treatment.—As everywhere the scientific conception of the nature

of the disease, *i. e.*, the pathogeny is the keystone to success in treatment. You know it is too vast a field to cover in an essay like this and that I propose to mention some smaller points only here and there.

Beautiful results can be obtained with manipulation in defects of the newborn. Considerable degrees of pes planus or varus are entirely curable by daily and several times daily stretching the contracted tissues and correcting the faulty position. All that is needed is to teach the mothers or attendants how to do it—the essential points—and to convince ourselves that our advice is properly executed. This last point is the most important, as the heart of a mother bleeds each time when she should make her little darling or picanniny suffer pain; even we do not feel very pleasant in fulfilling our duty by applying the strong manipulation required. But success will follow even in some cases where two months later operation would become the *sine qua non*.

Concerning the flat-foot in later years Whitney plates alone are not always sufficient. In severe cases correction in narcosi and maintenance in the corrected position by a plaster of Paris cast for a week or so before making the plates shortens the cure materially.

In slight cases of varus tenotomy of the Achilles tendon suffices, but hardly ever without after-treatment. So do not neglect to keep up the control for months. This maintaining of control is most important with the poor, who naturally avoid it on account of expense. Therefore you will always do wisely to inform the parents at the outset that you shirk responsibility unless the child is presented to you at reasonable intervals for a year, let the case be as slight as it may. The same rule should apply to other tenotomies. A woman blames me for her child's persisting wry neck, where I ought to blame her had I not neglected the above injunction. Take again the severe cases of varus and Phelps' operation, which is a truly wonderful and daring application of modern asepsis; do not forget that the over correction in the plaster cast after the operation should not be an over correction by force. The cutting should be sufficient to admit over correction without force, or else you may see a few toes slough away. I have cognisance of such a case.

Here it may not be amiss to say a few words about plaster casts in general. This exquisitely important aid in orthopedics cannot be mastered unless by frequent use. The ready-made bandages on the market are generally good material, only for Sayres's jacket they are too narrow. We ought to have six or eight inch wide bandages for rapid

work. Some experience a difficulty in maintaining certain positions, because a change of hands is needed. Here the most simple expedient is a flannel extension bandage, which after it has done its duty is cut off and remains inside of the cast. Concerning tendons and bones, do not forget that a very slanting incision permits stretching with immediate suture. Only today I saw in a report from Vienna—*Medical News*, April 23, 1898, page 538—stating in a manner which implies a novelty in it, that Frank cured thus an equinus, while I have proposed this method long ago for bones and tendons in several publications.

Hernia and hydrocele are two affections which are mostly recognised by attendants as undue defects of the newly born, still it will do no harm if we ourselves in our daily visits during the lying-in period pay some attention to the possibility of these congenital defects, as at that time the natural formative tendencies are so much in our favor, that slight attention is apt to produce a cure with the simpler means. It seems not to be very widely known that hydrocele of the newborn can be cured by expression. If we consider the pathogeny it is natural. The hydrocele of the newborn is simply an open connection of the peritoneal cavity with the tunica vaginalis cavity, the tunica vaginalis being in reality peritoneum, the liquid is peritoneal serum. By slow and steady compression we force the liquid into the peritoneal cavity and the hydrocele is cured, but if the connecting canal is exceedingly wide we may have to do it again. As the natural tendency is to contraction and agglutination of the serous tube, the cure is permanent. Of course, where a steady pressure of a minute or two shows no softening of the hydrocele, the communication is closed already—we are too late and operative measures are needed. The same natural tendency to contraction permits a rapid cure in hernias by the pressure of trusses, but very careful personal attention of ours is needed. If crying with an ill-fitting truss makes the hernia come down once, we have lost a week and if twice perhaps a month and a few times oftener and we can as well go for Mr. Bassini. The treatment is altogether not as important as the diagnosis, because the latter contains within itself the elements of cure. I am perfectly certain of having obtained absolute cures of white swelling of the knee, of Pott's disease and of hip-joint disease by earnest, early attendance, meaning by absolute, conditions obtained entirely indistinguishable from the normal. The means of cure were, of course, immobilisation, extension and attention to the general health. If we survey the miserable results of operative treatment in tubercular

diseases, we cannot urge the parents forcibly enough to have all suspicious cases treated at once as though they were the very worst. The same rule applies to rickety deformities, not so much because of their danger, as because we can save the poor innocent children future disappointments and operations.

In beginning scoliosis dextra we may obtain a cure by teaching to write with the left hand, or to sit on a sideways slanting seat and other appropriate muscular exercises, whereas later scoliosis is well-nigh incurable. In Germany they have wisely started upright writing to prevent scoliosis. The teachers should be informed to pay attention to the posture of the children on this account and to prevent myopia.

It is a state of affairs very much to be deplored that the old system of the family physician is going under with the modern spread of specialisation—the system where the family physician was paid by the year as in Europe, where he visited uncalled for, detected growing defects in their incipiency and was not under the suspicion of making a case for himself. If this is the sequel only of the vastness of the field of medical science, we can but correct it by increasing the demands for promotion, and I am sure the Niagara Alumni will be found in the front rank of those who support every measure tending to reach a maximum standard of medical education, and thus help to reconstruct the ideal physician.

884 MAIN STREET.

URINARY INFECTION—ITS PREVENTION.[1]

BY J. HENRY DOWD, M. D., Buffalo, N. Y.,
Genito-urinary surgeon, Buffalo Hospital Sisters of Charity.

INFECTION of the urinary tract arises from two sources, internal and external. Of these internal causes no one now doubts that the colon bacillus can and does enter the kidney from the blood stream. But that these germs can cause nephritis *per se* is much in doubt. In cases of pyelitis accompanying calculus, infection from below being excluded, there seems to be no question that they are offending agents. The same may be said of the bladder. Other conditions become predisposing causes, as phosphaturia. In these cases I am of the opinion the bacilli find their way by migration from the rectum. With the exhaustive research and valuable literature

1. Read before the Buffalo Academy of Medicine, Surgical Section, March, 1899.

that has appeared in the last few years in relation to genito-urinary tuberculosis, it is quite unnecessary to refer to this subject. A form of microörganism most frequently found in the urine, the origin of which is obscure, but the cause easily traceable, may be described as (*a*) spherobacteria or micrococci; (*b*) microbacteria; (*c*) desmobacteria.

Whether these germs *per se* can produce inflammation is a question yet unanswered, but that they can produce and maintain a congestion is well known. A congestion is fertile soil for pyogenic bacteria and as the colon bacilli are found in nearly all of these cases, it is yet unfair to say the first named are the sole cause of the inflammatory trouble. Baring the female, who seems to have a special affinity for these, they are found almost exclusively in cases where obstruction has caused residual urine. Among some of the most frequent conditions are hypertrophied or early chronic prostatitis, stricture and conditions of the bladder whereby the viscus does not thoroughly empty itself. These are the germs that it is said decompose urea, forming the carbonate of ammonia and ammonical urine. A microscope is unnecessary for the detection of bacteriuria. The ground glass appearance of the fluid, when held to the light, and after standing for say an hour, clearness in the upper portion not taking place, we may be sure the opacity is due to bacteria. Other bacteria having been found in the urine of kidney inflammations, but further work must be done along this line before classifying them as a causative agent.

Involvement of the genito-urinary tract from without, needs no description. Omitting the gonococci as a cause when infection occurs, please charge yourself with its production. Still this does occur every day, and how? The abdominal surgeon will scrub both patient and himself until the epidermis is removed, the obstetrician his hands until the same occurs, yet every day catheters, sounds, bougies and cutting instruments are used in the urethra and bladder without the least sign of cleansing of the field, except possibly the parts external. Again, we must look at this in a different light, for where catheters, sound and urethral or bladder instruments are necessary, trouble has and does exist. This trouble is the result of inflammation; inflammation is due to germs and these can be and are carried by instruments; and, lastly, the irritation produced by instrumentation makes a good soil for germ culture. I will grant the fact that it is seldom a cystitis is produced by the passage of a sound or catheter, but one such, caused by one of these instruments

will give the producer and incidentally the patient something to think of.

One of the most frequently used remedies for the cure of a chronic gonorrhea is the sound, but why invariably a failure? Because it is not used at the proper time and, furthermore, it is passed through a canal filled with pyogenic cocci and no precaution is used to allay the irritation produced by its passage.

A urethrotome or cystoscope is boiled or otherwise sterilised until a culture could not be obtained, but these same instruments cannot help but become infected before they have traveled one inch inside the meatus. There are but two or three conditions where a urinary catheter is necessary: (1) in the female; (2) prostatitis or hypertrophy with obstruction, or where there is not obstruction, but we wish to ascertain the amount of residual urine; (3) when we wish the patient to thoroughly empty the bladder daily.

Summing up the foregoing thoughts, but one conclusion can be reached:

(1) Abandon the catheter forever, except in conditions heretofore mentioned. (2) Precede the sound or any instrument that is to traverse the urethra by an antiseptic solution; nothing being better than formaldehyde. (3) Following the passage of an instrument always fill the bladder with an antiseptic astringent, allowing the patient to immediately pass the same. This will allay the irritation produced.

Considering the anatomical formation of the female urethra it must be left out of consideration with the above instructions, but the vulva and meatus must always be thoroughly cleansed before instrumental interference. Irrigation of the urethra and bladder, I am almost safe to say, was used in the days of John Hunter, and now the apparatuses for its performance are almost as numerous as genito-urinary surgeons, for no one would consider himself such unless he had put on the market such a contrivance.

It will be unnecessary to consider these further than to say, in the hands of their inventor, they will all fulfill their calling successfully. For the inexperienced much practice is necessary and while this is being attained both patient and surgeon must suffer. The one epididymitis, cystitis, soiling of clothing, and the like; the other discolored hands and an occasional douching, due to the splattering of the fluid. Clumsy wall decorations are necessary and there is always more or less breakage; lastly, most are expensive.

The apparatus I propose to advocate for this work is a syringe (capacity, 6 oz.), with a long nozzle, having attached to it a cup-

shaped shield, the concavity looking outward. With this there can be no soiling of the clothing or hands; the hand controlling the piston can measure the resistance of the urethra and also that of the bladder. (Cases of tubercular cystitis, where to me this one point—bladder capacity—is the most important symptom of that disease.)

The anterior urethra is easily cleansed; every rugæ of the mucous membrane being distended, thus allowing the solution to come in contact with the whole surface. The syringe is inexpensive, can be easily handled and is made positively sterile in half a minute.

Conscientiously, I cannot recommend internal medication for the destruction of bacteria developing along the genito-urinary tract; furthermore, urinary antiseptics have been over-estimated, except in tubercular conditions, where creasote or its derivatives will to a certain extent prevent the growth of these specific bacteria. To be sure, drugs recommended for this purpose, when placed in freshly passed urine, will keep it for a longer time without their development than if no drug was used, but the same drug passing through the system, meeting as it does the different chemical substances, to my thinking, are so changed that when it reaches the urine the power of bacterial destruction is destroyed. Bacteriuria has a definite cause; discover and remove this and these germs will disappear from the urine. Of the numerous cases which I have been called to operate upon for retention, extravisation, and the like, with but an hour's notice my results have been just as good as though these patients had been medicated for three or four days previously in trying to obtain an impossibility. Remember the fact that it is just as possible to have an antiseptic operation field, as it is for the abdominal surgeon to have the same.

223 FRANKLIN STREET.

TUBERCULAR PERITONITIS, WITH REPORT OF CASES APPARENTLY CURED BY LAPARATOMY.[1]

BY THOMAS JAMESON, M. D.,
Rochester, N. Y.

OUR text-books, when describing a disease generally begin with the definition, the etiology, the morbid anatomy, the symptomatology, diagnosis, the prognosis and treatment with, perhaps, describing a case occasionally by way of illustration.

1. Read at the thirty-first annual meeting of the Medical Association of Centra New York, at Auburn, October 18, 1898.

In choosing my subject for this paper, I wish merely to call your attention to the importance of tubercular peritonitis and to the relative frequency with which it occurs in young women. To do this, I shall reverse the ordinary method of dealing with the description of a disease and describe an actual case first and merely incidently refer to the general subject.

CASE I.—Two years ago I was called to see a young girl in a neighboring village who had been suffering for a year from a slowly progressing enlargement of the abdomen. I found a young woman, aged 19, a pure blond with that bright eye and scarlet flush on the cheeks which we so often associate with tuberculosis. She gave me the following history :

She had always been in good health until twelve months previously, when she noticed her abdomen increasing in size; she consulted a physician who treated her for intestinal indigestion; her condition steadily grew worse; her menses became more and more scanty until they ceased entirely; she had no nausea or vomiting; she had slight, indefinite pains in the abdomen, fair appetite, bowels regular, temperature normal. For some weeks previously she had lost flesh and developed a slight cough. Examination of the lungs revealed fluid in the right pleural cavity. The abdomen was so distended, apparently from fluid, that it was impossible to determine whether there was any localised collection of fluid or not. The patient was removed to the hospital where I aspirated about a quart of fluid from her right pleural cavity. Opening the abdomen a day or two later a large quantity of clear serum escaped. The whole peritoneum was studied with tubercles, in fact it gave a sensation of great roughness to the examining hand. The ovaries and the fimbriated extremities of both tubes were apparently very much disorganised, in fact so much so that a surgeon who was present advised and urged their removal, but nothing was removed. The cavity was thoroughly flushed with a hot saline solution and a glass drainage-tube inserted in the posterior cul-de-sac. The patient's temperature went up after the operation to 103 degrees, but in a day or two it dropped to normal. The tube was removed in forty-eight hours and the patient had an uneventful recovery and rapidly regained her strength, taking nineteen raw eggs a day during her last week at the hospital.

Three months ago, just two years after her operation, the patient presented herself at my office, being apparently in the best of health and feeling quite strong. Her menses were regular and natural and her cough had disappeared. The only thing she suffered from was a hernia in the scar where the drainage had been inserted. Wishing to have that repaired, she once more submitted to an operation and so I was enabled to look into the peritoneum and to notice the condition. It was apparently normal and not a trace of tubercle was to be seen anywhere nor where there any adhesions, but I found

a cyst in the right broad ligament, which I removed, but which did not show any evidence macroscopically at least of tubercuiar affection.

The patient made a good recovery from her second laparatomy and is at present at her home in robust health.

This case I looked upon as worth reporting, because there are but few cases on record where the apparent cures of peritoneal tuberculosis were verified by actual inspection.

By a curious coincidence I had two other cases of the same trouble within a few months.

CASE II.—A girl of 22 years, who also had a cough with profound anemia and great loss of strength. Having the previous case in mind I examined her very carefully and found a smali amount of fluid in the pleural cavity, but could find no further evidence of lung trouble. On palpating the abdomen there was evidence of fluid present. On operation, the same state of affairs was found as in the previous case, but the patient's condition became so poor under the anesthetic that the pelvic organs were not thoroughly examined. Mere drainage was followed by the same happy results. The patient is today earning her living as a domestic and able to do a hard day's work.

My third case was almost identical with the first two, except that in this case the patient complained of a great deal of abdominal pain and I was able to get a faint history of tuberculosis, her sister having died of pulmonary consumption a few months previously. This patient is also alive and in fair, although not robust health.

In regard to the diagnosis of this condition, it has been pointed out by Henoch and others that it is quite possible to find tubercles in the peritoneum, which are identical in appearance with the tubercles produced by Koch's bacilli and yet are merely little granules of fibrous tissue, resulting from a simple nontubercular peritonitis and in order to positively assert that any given case is really one of tubercular peritonitis it would be necessary to find Koch's bacilli in the tubercles, or else to prove their specific origin by inoculation experiment, but I still maintain that the above cases were truly tubercular, although no microscopical examination was made, for we had clinical symptoms present which were strong corroborative evidence—namely, the presence of fluid in the pleural cavity, the absence of peritoneal pain, the absence of any history of an acute attack of peritonitis, which could result in a simple chronic condition. It also may be stated that some pathologists claim that these simple fibrous granules are really tubercular in their origin, but have undergone fibrous change as a part of a spontaneous cure.

In a case of exploratory laparatomy performed by Halstead, of Baltimore, tubercular peritonitis was found and the cavity was washed out with a normal salt solution and drained. The patient made a good recovery. Several months later, this patient having died of pneumonia, an examination showed the tubercles present containing bacilli, but undergoing a fibroid change

It may be very naturally asked why should a mere laparatomy have a curative influence in such a grave condition?

There is quite a literature on the subject and a great many theories have been advanced, none of which are satisfactory. In 1895, Jordan connected together fourteen cases in which opening the abdomen has been recorded as including either an anatomical healing or distinct improvement in peritoneal tuberculosis.

Results of inoculation experiments on dogs show that laparatomy will stop peritoneal tuberculosis, if not too far advanced, and also shows that whereas in those cases which have resulted fatally there was not a sign of adhesive inflammation, adhesions were present in all those that had had an operation and arrest of the tubercular process therefrom, whether partial or complete, was accompanied by inflammation.

Prof. Adami, in answer to my inquiries on the subject, writes that his view is this: That what happens after laparatomy corresponds very closely to what is seen in the action of cantharidin and even of tuberculin—namely, the mere fact of operation develops an increased inflammatory action.

Now such inflammatory action is not, as is too frequently thought by surgeons, an evidence of an injurious process; rather it must be regarded as an attempt at repair, whether the attempt is successful or not is another matter, but the process tends to be beneficial to the economy and a slight, simple inflammation set up in an affected abdominal cavity may be sufficient to turn the scale, and to cause the various processes already passing around the tubercles, the pouring out of leucocytes, of serum and so on, to be now sufficiently powerful to bring about destruction of the tubercle bacilli and thereby it is that the actual laparatomy is frequently found beneficial.

If we, for example, observe what happens in lupus when cantharidin or tuberculin is given, the most marked change is to be seen in the exaltation of the inflammatory action and it is by that process that healing is to be brought about.

DISCUSSION.

DR. VAN DE WARKER, Syracuse, N. Y.: I wish to say something that cannot be brought too forcibly to the attention. I criticise, however, the title of the doctor's paper somewhat. In fact, it uses the word "peritonitis." I think the word "tuberculosis" covers the situation; at least, it is a debatable question whether peritonitis is a primary product or whether it is a secondary result.

The second idea is about the word "cure" I think that is entirely problematical, and it is questionable whether we ought to hold out such an inducement to a patient to undergo operation for tuberculosis as a full and permanent cure. It is very true that some of the patients are cured in a certain sense. I remember of operating in 1887, and that patient is still alive today, but I have operated before and the tubercular process went on and the patient died. My own theory about the curative effect of laparatomy is in view of asepsis, in the first place. I have never yet opened the abdomen where it was broadly distended with fluid without finding large quantities of sere-lymph diffused through the abdomen. Washing out in large quantities, I think, is a very essential feature of the operation. I do not use sterilised saline solution, but simply boiled water, and get the same good results.

In the report of post mortems—the post mortems made with a general view in the dead house of Bellevue hospital—by Dr. Loomis, he there found a large percentage of cases of evident cure of being tuberculosis, showing that the per sons had been afflicted at some time with tuberculosis of the lungs. That cure consisted in a pigmentation of the lungs and the fibrous encysting of the tubercles or the granulations, and that occurs, I think, in the peritoneum after operation. That was demonstrated in a case reported by Osler, in which a girl had some months previous to her death, which occurred from pneumonia, been operated on for tuberculosis of the peritoneum. There the same pigmentation of the peritoneum was found and the same fibrous granular encysting of the tubercles. The rest afforded by the relief from pressure and the thorough evacuation of the lymph, which was diffused through the peritoneum, in my mind, explained the curative results.

DR. JACOBSON, Syracuse, N. Y.: One year ago this matter came up before our society, I believe, when we were at Buffalo, and various views were expressed at that time, but the opinion prevailed on all sides that in some unknown way an incision into the abdominal cavity led to the cure of many of these cases.

It is very evident from what the two preceding physicians have said that their methods differ widely. The writer of the paper feels that drainage is essential—the commentator that flushing is necessary. It has never been my practice to either drain or flush, and yet I can recall few cases in which there was present a serous fluid in the abdominal cavity and in which, coincidently, the intestines, the mesentery and other abdominal structures were studded with tubercles, presenting all of the macroscopical appearances of tubercular disease, which did not do well.

My earliest positive case dates back about ten years. This young woman still enjoys good health, although I have thought it wise to put her upon cod liver oil each winter.

Men of the widest experience and highest authority seem agreed that the essential thing to do is to open the abdominal cavity and do as little else as possible.

The only additional step I take is to mop out the cavity. This is done deliberately, yet no time is wasted in doing it, and then the wound is closed.

I do not think we can explain why or how the recovery is brought about, but the clinical fact that simply opening the abdominal cavity and removing the accumulated fluid leads to a cure has been demonstrated over and over again.

The association of a pleural with an abdominal effusion is often seen. Dr. Elsner and myself have been interested in the question in Syracuse, as to whether the pleural effusion would disappear after incision into the abdominal cavity and removal of the ascitic accumulation, and, indeed, we have found this frequently to occur.

We must not overlook the fact that, as the underlying cause of the peritoneal effusion is a tubercular one, there may be tubercular disease in other parts of the body, coexisting or even responsible for it. One of the most interesting cases of which I know was not operated upon, but the ascitic fluid was withdrawn by trocar. At the autopsy there was revealed, in addition to the peritoneal tuberculosis, tubercular disease of the bladder, as well as double tubercular pyonephrosis and tubercular pericarditis, while the primary site of disease was a spinal caries, which had infected some retro-peritoneal glands, and in turn aroused the further manifestations mentioned.

The suppurating forms of tubercular peritonitis are of much more serious nature. I recently had occasion to operate upon a young man from this city, who was sent to us, and in whom we found a large abscess, with cheesy pus, placed between coils of intestines. While, therefore, I should say that as a rule the cases with serous effusions recover, these forms of abdominal tuberculosis with purulent collections rarely do.

If by the term "cure" we mean the permanent removal of the diseased condition, I hardly feel that we are ready yet to say that this is brought about; but that cases apparently get well, and perhaps never have a return of the trouble of sufficient severity as to cause them any serious annoyance, is a fact.

DR. CREVELING, Auburn, N. Y.: I wish to say that I do not believe we know very much about how that cure takes place. We see cases recorded of cures due merely to injections of some sort of fluid, as saline or sterilised water. We also see cases recorded cured from injections of sterilised air. And these reports are made by good, straight men, too.

Then, Mr. President, by merely opening the abdomen and exposing the bowels, the contents of the abdomen, to the air undoubtedly does, in many instances, effect a cure. I think Dr. Morris, of New York, has demonstrated that more thoroughly than any other man in the country, probably any other living man. But you take these severe cases where the bowels are all agglutinated together, where everything is adherent, and I am thoroughly satisfied that merely opening the abdomen does not cure them.

Less than two years ago I performed an operation where the whole abdominal contents were agglutinated in one general mass. As far as possible I tore up all the adhesions between the coils of the intestines. Down about the cecum they were so firm, I could not destroy them. Since that time I have had the privilege of making a post mortem on that fellow. He died from general tuberculosis. Wherever I had torn up the adhesions the bowels were perfectly normal, all the inflammatory process had stopped, the bowels appeared in a perfectly normal con-

dition. Where I had not, the inflammatory condition still existed and the deposit of tubercles, of course, was present. To me it was an instructive case. And I believe, as I said a year ago, in all instances where that can be done it is the proper thing to do, to liberate all the adhering bowel; that is, to break up the adhesions between all the intestines and give them a good, liberal exposure. I do not believe that the shock in the operation is greatly enhanced by such a procedure either. I do not believe it is any greater by performing the operation as quickly as possible, than it is to expose the bowels to the air as long as many operators do, to receive a continued atmospheric influence on the abdominal contents.

DR. CHARLES E. CONGDON, Buffalo, N. Y.: I wish to compliment the doctor upon his success with his cases.

My experience has led me to believe that the disease recurs in the majority of cases, or that the patients succumb sooner or later in the cure, brought about by intestinal obstruction, due to adhesions. When the disease attacks the intestines, it is usually in the same locality that is invaded in typhoid. That variety which comes under the surgeon's notice forms ulcers, which are usually confluent or circular.

I recall a case that came under my notice a few months ago. As soon as I opened the abdomen the small bowel presented with an ulcer completely encircling it; as soon as it was carefully brought outside it separated to the mesentery. The tubercular process had destroyed everything except a few fibers of the muscular coat, which formed a sort of mesh-work. I resected and did an end-to-end anastomosis. The patient made an uninterrupted recovery.

In another case—I do not know whether one can be pardoned for it or not—I opened the abdomen, expecting to have a cystic tumor to deal with. This patient was seen by several experienced men, who pronounced it an ovarian cyst, prior to my seeing the case. On opening the peritoneal cavity, it was found, as soon as the fluid was evacuated, that the intestines were studded with miliary deposits, also agglutinated in such a manner as to prevent the fluid from being free in the peritoneal cavity; the thickened broad ligaments, uterus displaced to one side by adhesions, the globular shape of the tumor in the abdomen and the tympanitic note above and at both sides, its apparent mobility and the history of the case that led others besides myself to a faulty diagnosis. This patient died some two or three months subsequent to the operation from intestinal occlusion.

THE use of liquid air as a cautery is already spoken of favorably. It having a temperature of 312° below zero, its action is, to all intents and purposes, the same as the most powerful actual cautery. It does not really burn, but utterly kills the tissues, leaving a blister not unlike a burn. Hence it has been suggested for cauterisation in surgical practice. It is not only a good deal cheaper than the ordinary cautery, but it is much more efficient; and its action can be absolutely controlled. Indeed, a well-known surgeon has already performed a difficult operation on a cancer case with liquid air, and he has reported the case as cured.—*Tri-State Medical Journal.*

ADDRESSES AT THE ALUMNI REUNION.

Held at the Medical Department, University of Buffalo, Feb. 22, 1899.

I. Address by Z. J. Lusk, M. D., of Warsaw,

President Alumni Association, Medical Department, University of Buffalo.

THIS gathering of the Alumni marks an epoch in the history of our association. By reference to the invitations you will observe that we are bidden to a reunion. A reunion it is indeed, for among the many familiar faces we see those who, for a time, have been absent from our gatherings, but who are with us again tonight, accompanied by members of the Alumni Association, which is the product of their good work and that of their associates.

Members of the Alumni Association of the Niagara Medical College: In behalf of the Alumni Association of the Medical Department of the University of Buffalo, of which I have the honor to be president, I give you greeting and a warm welcome to membership in our association. I assure you that we congratulate ourselves in having the opportunity of extending to you the honor of becoming one of us, and at the same time appreciate the honor of the privilege of extending to you the right hand of fellowship. A glance at the names of which your Alma Mater is composed, is sufficient evidence of your character and attainment. For the most part they have been added to and now form a part of the faculty of our college, a consummation that every alumnus can hail with pleasure.

Every alumnus of the Medical Department of the University of Buffalo has reason to be proud of the achievements of his Alma Mater; her history from the beginning is a record of workers; not "learners" but "lifters." Not those who follow in the wake of scientific thought and progress, but up-to-date, and among the leaders in working out the problems of progressive medicine. From a modest beginning in an old wooden building, in 1847, her growth has been continuous, until it now occupies a home, which, from an architectural view, is one of the attractions of this great city, and as a medical institution it has no superior in this country in its perfect equipment for teaching every branch of scientific medicine. This beautiful structure with all its conveniences owes its existence to no philanthropic aid, to no endowments nor testamentary assistance, but to the indefatigable and unselfish devotion of our Alma Mater.

Now my fellow Alumni, while we contemplate with pride the great work they have accomplished, do we not often forget the relation we bear toward them? Have we displayed that appreciation and interest they have a right to expect from us? I fear that many of us are remiss in our duties, and I would remind you that this is a good time for making resolutions and would suggest that each of us here resolve to lend our best efforts to her support. Especially let us bear in mind our fraternal relations to our Alumni Association and each act our part. Let us look forward to the annual meeting as one to attend above all others.

Augmented by the addition following this reunion, our annual gathering should be one of great interest and profit. I sincerely believe in these social gatherings, such as we are enjoying tonight, and would recommend at least a semi-annual meeting to consist of a purely social character, and that the business and scientific work be relegated to the regular annual meeting.

At the proper time I may offer some suggestions for your consideration. I may, however, be pardoned for mentioning one thing which has impressed me, and that is, that some changes should be inaugurated by which to eliminate that feeling of stranger, often exhibited at our annual meetings. I have seen members come in, look around, see no familiar faces, no one to give them a word of welcome, nor the hearty handshake. After remaining a time, they go away (many times without registering) with a look of disappointment and with the fraternal impression very much weakened.

I take pleasure in announcing that this matter is being seriously considered by the executive committee, and I am sure that in the future every member will be made welcome and to feel that it is an honor to belong to the large and growing family of the Medical Department of the University of Buffalo.

II. Address by W. G. TAYLOR, M. D., of Buffalo,

President Alumni Association, Medical Department, Niagara University.

This duty falls upon me not because of any special fitness, but by reason of circumstances.

It was my good fortune to be the last president of the Alumni Association of Niagara University, a position that I feel honored to hold. I am proud to be an alumnus and while we as graduates of Niagara are proud of the greater university which welcomes us as foster children, it is not without family pride that we come.

Niagara University opened her medical school fifteen years ago with a three years' course, at a time when the state law required two years only. At this time the most meager English education was considered a sufficient preliminary to the study of medicine.

Niagara University insisted on a good English education and an elementary knowledge of Latin. She adopted a graded system of study and made four annual courses of lectures obligatory. The good work done by the Niagara faculty stimulated the profession to demand of the state a law which would not only regulate the preliminary requirements of a medical student, but also his qualifications as a practitioner of medicine.

Through a technicality of this law, the graduates of the class of '92 throughout this state were declared exempt and the class of '93, desiring the same treatment as their predecessors, petitioned the legislature to delay the enforcement of this law until the following year. I am happy to say there was an exception. The class of '93 of the Niagara University, of which I was a member, considered the law just, and was willing to abide by its provisions, and we entered a protest against such an injustice and tonight the entire medical profession rejoices that this law exists and is now being enforced.

The men that we sent you this year are a type of what the Niagara University has given to the medical profession for the past fifteen years. We thank you for the consideration which you have shown us. We come here tonight with a natural feeling of regret, when we think that our Alma Mater as a distinct institution of medical teaching no longer exists, an institution whose teaching was the best and whose aims were the highest; an institution that was poor, but not to be despised; an institution hampered by selfishness and lack of money, but whose influence was far reaching and permanent. Men are influenced by circumstances, likewise institutions, and tonight we as alumni gracefully bow to the wedded state of these two medical schools, because it seems the best thing possible for the furtherance of medical teaching in this city and state. The Niagara University led in reform at a time when reform was most needed. It has served its high and noble purpose to the end and is no longer a necessity.

May the new Alma Mater of Buffalo University be as unselfish, as progressive, as desirous for the highest good of the medical profession and the community whom it serves, as the lesser school, whose work is now finished, whose passing we may regret, but of whose record we may never feel ashamed!

III. Address by WILLIAM WARREN POTTER, M. D., of Buffalo.

It is pleasant after so many years to find myself again meeting with the Alumni of the Medical Department of the University of Buffalo and participating in the ceremonies of a public reunion. It is proper for me to acknowledge the compliment paid me by the executive committee in inviting me to address you on this occasion—a compliment all the more delicate in character in that I was asked to appear as a substitute for our distinguished fellow alumnus, Dr. Peterson. I am sure we all regret his absence, all the more, too, since it is caused by illness. If he were here he would entertain and instruct you with wit and wisdom, neither of which can I expect to accomplish. However, if you will indulge me in my caprices for a few moments I will, in return, promise to be brief.

Furthermore, if you should discover in my remarks any taint of treason, or suspicion of disloyalty to my profession, my state, my country or my Alma Mater, I admonish you to give me timely and brotherly warning, that I may escape ere the coming of the dawn to the regions of the unknown, where naught is but chaos and where disloyalty and treason are not crimes.

The threshold of a new century affords a convenient pedestal from which to survey the past as well as to forecast the future. There can be found much food for serious thought in resting for a little while upon such a conspicuous eminence in the pathway of time. Looking backward, we see some work already finished and a vast amount planned and well underway. Looking forward, we observe much that awaits the laborer, many obstacles to be overcome and some prizes to be won. We may obtain valuable hints from a careful study of the past as to methods to be adopted in the building of the future. The closing gateway of the XIXth Century becomes the open door of the twentieth, which invitingly bids us enter. Before we do so let us examine for a moment some of the structures that have been erected by the officers and alumni of this great institution, for this I assume is the particular object of interest to those here assembled this evening.

When the college was established, but little more than half a century ago, there was not an educational institution above the grade of common schools on any of the territory formerly belonging to the Senecas. The self-imposed task of the founders was not easy nor was the burden light. They were, however, men strong in character, indomitable in will, learned in their profession and indefatigable in their energy. White, the proposer, came of a sturdy stock and by

a fortunate marriage was enabled early to command the influence of wealth, and later to possess it himself. He provided the necessary means. Flint, the student, possessed literary accomplishments of an unusual order, which were his contribution to the common stock of the enterprise. Hamilton, the surgeon and scholar, fresh from an extended tour in Europe, brought the prestige of an already acquired fame to the new field which the establishment of this college afforded him. To this trio of sterling teachers, able physicians and sagacious men, are we indebted for the preliminary labors necessary to the establishment of the school. They were soon joined by Lee, Coventry, Webster and Hadley and it is difficult to see how seven men better fitted for the task could, at that time, have been grouped and organised for a common purpose.

Following these came a second phalanx, composed of Rochester, Moore, Dalton, Hunt and Miner, all of whom were men of the period and who bore the standard high—so high that it has never been possible to lower it. The ideals these past-masters in medical science bequeathed to their successors have ever been an inspiration—a stimulus to zeal, ambition, to do the best work possible. It is a sweet heritage and it is pleasant to know that the teachers now in control have been true to these traditions and are rendering a good account of their stewardship.

The founders were original thinkers, men of ideas, and contributed much original work to the cause of medical science. You all remember that it was in this college that vivisection was first taught in America by the masterful Dalton; that Flint here first called attention to the fact that typhoid fever was produced by the pollution of water sources with human excreta, and that he here began those studies in the niceties of diagnosis in chest diseases, that led to greater precision in internal medicine and made him famous in this branch throughout the world. It was here that clinical midwifery was first taught—an innovation in this direction that brought a maelstrom of adverse criticism upon the head of the heroic White, a storm that would have submerged a less skilful navigator, or one less stout of heart than he; here it was that Hamilton instituted those studies in regard to fractured bones that led to greater precision in treatment, with less resultant deformity, and here he wrote the first American treatise on fractures and dislocations, a classic that gave him rank with Sir Astley Cooper and Malgaigne, as an expounder of this branch of surgery. It seems proper to remind you just here that the profession of Western New York owes the memory

of Hamilton a debt of gratitude for stamping out the malpractice suit evil that was growing up to such undue proportions at that time. Stimulated by designing lawyers almost every prominent doctor in this region was victimised by some poor patient to whom they had ministered for fractures or other surgical conditions. It had grown to intolerable proportions when Hamilton took up the gauntlet in behalf of the doctors, entered the courts as a witness without fee or reward and beat down the lines of attack that the lawyers had set up. He was the strongest medical witness I ever saw upon the stand, his logic was convincing, his facts incontrovertible and his tape-line was a terror to the trickery advocate. The result was that the rulings of the courts under Hamilton's influence were such as to stop these low attempts at blackmail, and it has ever since been difficult for a malpractice suit to obtain a standing in the courts of Western New York.

Finally, it must not be forgotten that it was here that the illustrious Miner first taught the world the removal of intraligamentous cysts by enucleation—a method that is discussed everywhere in relation to these tumors—and one that has indelibly stamped his name into the literature of the subject.

Mr. Chairman, these facts are not new, they are as well known to you as to me, but it is well I think to recall them at proper intervals and on suitable occasions, lest in the present environment of steam and electricity, of hurry and worry, of dazzling achievements in the present, we may overlook or forget the fact that had it not been for the work the pioneers did, the foundation they so well laid deep down in the depths, their successors of the present generation would have found it difficult—much more difficult than it has proven to be—to reach the present state of well-nigh perfected methods.

It is an interesting bit of history to recall, that with the faculty of this college originated the first move in the direction of establishing a separate state examining board. A resolution was introduced at a faculty meeting, held in February, 1864, asking the Medical Society of the State of New York to take up the question and push it to a conclusion. At a later date, viz., in 1883, the subject was again agitated, this time, too, by one of the teachers in the college, with the effect, finally, after many years of struggle with the legislature, of bringing it to definite establishment. So the Buffalo University faculty is committed to the principle by traditon and action and it could not be indifferent or half-hearted toward it if it would, and I feel sure it would not if it could. I am sure, too, that every posses-

sor of a state license would not part with it at any price. It represents to the holder a preliminary qualification, four years of collegiate training, and a successful examination by an independent body appointed by the state—impartial, unbiased and without prejudice. It is, moreover, a passport to good professional society everywhere; and who can formulate the value of such a priceless holding?

If we turn to the work of those now responsible for the welfare of the college, we may speak in the highest commendation, though here, for obvious reasons, we must be impersonal. We have received this evening in the inspection of this great edifice and its splendidly equipped laboratories most tangible evidence of scientific research and teaching, carried on by able men, who also are not wanting in originality of methods or a forcefulness in imparting knowledge to the student. Touch a button and Prof. Cary will take you to the bedside and instruct you in all the subtleties of bronchiectasis and other diseases which afflict the chest; touch another and Profs. Mann and Van Peyma will teach you all about the complexities of maternity and the marvels in gynecic surgery; strike still another and Prof. Park will speak of the ravages of cancer and the intricate studies being carried on under his direction in the state laboratory to discover its origin and to effect if possible its prevention, incidentally he may turn out a pocket-full of appendices that he removed yesterday and explain their pathology and the surgical technique of their excision; touch still another, and Prof. Stockton will rinse out your stomach and reconstruct its coatings while you wait, or tell you how to do so for your patients as well as instruct you upon any other intricate subject pertaining to internal medicine; touch still others and Profs. Parmenter, Phelps, Pohlman and Hill will initiate you into the mysteries of anatomic, physiologic and chemic laboratories and give you the soundest instruction in those most important fundamental branches of medical science. If we could find the obscure and almost hidden ophthalmologic button of Prof. Howe, perhaps we might be able to persuade him to tell us a little of the eye and its diseases.

These, with two-score adjuncts, assistants, instructors and lecturers make up as admirable a corps of medical teachers as can be found in any college in the land. And when we contemplate that within the past year it has been reinforced by the majority of the faculty of Niagara University Medical College, it would be difficult to group or organise a more efficient teaching body.

We may with propriety pause a moment at this point to offer a few words to the Alumni of Niagara. When your Alma Mater was estab-

lished there was an opportunity for excellent work on lines that Niagara adopted—viz.: a test of preliminary acquirements, three years collegiate training, and a final examination, separate and apart from the faculty. Your teachers set a most wholesome example in advanced medical standards, that, it must be confessed, was but slowly imitated by others. But when the state law went into operation, embracing all these and even more distinct advances, afterward amended to develop the present standard, it was apparent to most observers that a *raison d' etre* had ceased for the continuance of Niagara, unless she could see her way clear to advance her requirements beyond those established by law. The wisdom of your faculty can hardly be questioned in yielding to the already growing demand for a less number of medical schools and for greater facilities and stronger qualities in those that elect to remain—in other words, contraction as to number and expansion as to quality and size is the present trend.

I am sure the Alumni of Niagara will be received with open arms by those of Buffalo and that the amalgamation of the two associations, as of the two faculties, will result in a stronger single body and in stout and lasting ties among the Fellows of each. I trust that it may be found competent for the faculty of Buffalo to grant *ad enudem* degrees to the graduates of Niagara who may desire them, thus making them alumni of Buffalo in law as well as by adoption.

To return to our original thought: Century endings and century beginnings are periods of time that none of us ever saw before and we certainly shall not see them again. It becomes us therefore to look closely in retrospect into affairs and details relating to medical education, in order to gain a well-trained foresight that will guide us far into the incoming century. With the closing years of the XIXth. century came a great revolution in medical teaching. The preliminary and developmental methods incidental to a new country disappeared and newer and more detailed systems were established. The old way was not suited to our new environment and was abandoned as being inadequate to our present needs. I have before alluded to the preliminary requirements necessary to enter upon the study of medicine, the lengthened college terms, and the state examination for license. When the law separated the teaching and licensing responsibility, it released the teachers from a thraldom that was well-nigh humiliating if not degrading.

Now, released from the dreary details of the one, they can address themselves to the other with a redoubled energy. They can widen

and deepen and broaden their methods and the schools will be no longer permitted to send out poorly equipped graduates. And here let me remark that the teacher of medicine in any of its branches assumes today a fearful, an awful responsibility. It is one not to be taken lightly, but it is one into which he must put his whole soul, and energy and talent, regardless, to use a current commercial phrase, "of what there is in it."

Finally, permit me to say that henceforth it will be the duty of the colleges to *teach their students medicine*—not simply to prepare them for the state examination. They must teach them so well and ground them so solidly in the science, that they will be able to take any of the higher examinations—hospital, state, civil service, army and navy —or meet any other test of fitness without fear.

Moreover, above and beyond all, they must teach them so well, that they will be adequately prepared to practise a humane profession for the relief of suffering fellow-beings bearing God's image—and this is why a medical teacher today assumes such a fearful responsibility, such an awful responsibility.

It is difficult in any assembly where scientific thinking men are congregated to refrain from some allusion to the history that has been made, whether for weal or woe, by the republic during the year 1898.

It is scarcely more than a year since the U. S. Battleship Maine was destroyed in a friendly port, and while yet on a friendly visit to a friendly power. Since that time we have raised an army of 260,000 men, fought to successful conclusion a war that demonstrated the prowess of American arms on land and sea, that has freed oppressed peoples on both sides of the globe, that has driven from the western hemisphere a nation that for 300 years and more has dominated her colonies here with amazing brutality; and, to quote Mr. Henry Watterson, "from the coming of Cortez and Pizzarro to the going of Weyler, each succeeding captain-general has seemed to emulate Alva as a rival of Satan by seeking a second immortality of damnation."

All this has been accomplished with less cost of blood and treasure and in shorter time than ever happened in the world's history, comparing expenditure and results. But who can foretell the results? It is not my desire to prophecy, for I am neither a prophet nor the son of a prophet, but it must not be forgotten that we are in the midst of a great race movement which cannot be arrested by human action or mandate. "There is a divinity that shapes our ends, rough hew them how we will." The Republic cannot retreat, it never has, it

never will. It must bear its part in the regeneration and civilisation of mankind. It is marching, under God, to take its place as the first power of the world.

I deem it a fortunate circumstance that the executive committee of our association appointed this reunion on this day, when all hearts are beating time to the tune of Yankee Doodle and every soul is filled with patriotic devotion to the memory of the Father of his country. This is a day that inspires the loftiest sentiments of patriotism, and every organised society should, in my judgment, observe it in some distinctive manner by appropriate ceremony, and every American should on this day renew his vows of devotion to his country and his flag—the glorious old star spangled banner—within whose folds every citizen at home or abroad may seek and find protection.

The dawn of the new century will witness here the first exposition dedicated to the interest of all the Americas, and it is fair to expect that great benefit will result therefrom to this city and this region. Buffalo has already entered upon a new era of expansion—expansion in its best and only proper sense when applied to political economics. Its population is increasing with marvelous rapidity, its manufacturing interests are forging ahead under the stimulus of steam and electricity.

Within the radius of a night's ride from Buffalo there resides a population of 38,000,000 people. It is a city with the finest organised health department in the Union. It ought to have the cleanest streets. Within twenty-five miles of our city hall dwell more than a half million souls. Who can tell what the next century may witness? Is it too extravagant to predict that when the first census of the XXIst century is taken it will show in this same area more than 2,000,000 inhabitants?

This will mean one of the mightiest cities of the world. Let us hope that long before that time we may see Buffalo University expanded to its full compliment of departments, each complete in itself—arts, sciences, engineering, law, medicine, theology, dentistry, pharmacy, veterinary medicine—and every branch of learning known to mankind here taught to its 2,000 students, every chair amply endowed and occupied by the ablest teachers the world can produce; and proudly marching at the head of this grand educational column, will be seen with colors flying, the 1,000 students of the parent institution—the Medical Department of the University of Buffalo!

[NOTE BY THE EDITOR: Prof. Mann's address as chairman of the ceremonies was printed in the March edition of the JOURNAL. These addresses are now published by request, in order to make the record complete.]

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.

REPORTED BY THOMAS. F. DWYER, M. D., Secretary.

THE regular quarterly meeting was held at the Academy parlors, Tuesday evening, March 21, 1899. In the absence of the president, Dr. ROSWELL PARK, the meeting was called to order at 9 o'clock p. m., by vice-president Dr. A. L. BENEDICT, chairman of the section of pathology.

The minutes of the last quarterly meeting, as read by the secretary, were approved.

The nominations of officers resulted as follows: For president, Dr. Matthew D. Mann; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Eugene A. Smith; Dr. Nelson G. Russell; trustee, Dr. Stephen Y. Howell, Dr. Ludwig Schroeter.

Dr. A. L. BENEDICT was called away and vice-president, Dr. WILLIAM G. RING, chairman of the section of medicine, occupied the chair during the remainder of the meeting.

The council recommended the election of Drs. Charles F. Durand and M. Axford for resident membership, who were separately balloted for and duly elected Fellows of the Academy. The section of pathology provided the following program: Tuberculous infections in the walls of the blood-vessels and the production of miliary tuberculosis, by Dr. H. R. GAYLORD. Discussion by Drs. Rochester, Van Peyma, Howell and Blaauw.

Report of case of cholecystitis and presentation of specimen, by Dr. SIDNEY A. DUNHAM. Attendance, 36. Meeting adjourned at 10.30 p. m.

Selections.

CATHETERS AND CYSTITIS.

BY R. N. MAYFIELD, M. D., New York,

Formerly president of the Colorado State Board of Medical Examiners and lecturer in pathology and clinical medicine, University of Colorado, etc.

IT IS well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto—it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to surround or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly if not quite, all forms of chronic diseases of the bladder, and notably so in cystitis.

My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument and opened at the end for an inlet. For the closure of this open end and for the easy insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid and attached to one end of a wire, passing through the body or tube and projecting at its rear or outlet end.

This construction forms a very efficient catheter having an area of opening so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, carbolic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralised, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy, viscid and tenacious mucus, the membrane thickened and possibly ulcerated and in deep folds—"ribbed," as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine dissolved in a drachm of water into the membranous portion of the urethra.

2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increase the size one number each week until the urethra is normal in size.

3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the following solution: tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; choride of sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration, I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralise with chloride of sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, feted mucus, or sacculated calcareous deposits like hydrogen.—*New York Medical Journal.*

A CLASSIFICATION OF SPEAKERS.

By WILLIAM WHITFORD, Chicago.

A STUDY of the different styles of speakers, encountered during an extensive and varied reportorial experience, may be considered an education in itself, and by virtue of his vocation the shorthand writer is compelled to study them. As there is no one more competent to critise speakers than the man upon whom devolves the duty of reporting them, I have made an attempt to classify the various speakers whose utterances I have reported from time to time in medical societies. What pertains to physicians as speakers will apply equally well to preachers, political speakers, etc.

We have: (1) The moderately slow speaker. (2) The exuberant and tempestous speaker. (3) The musical, flowery speaker. (4) The loud, husky speaker, whose voice is somewhat indistinct. (5) The grandiloquent speaker. (6) The rapid and spasmodic speaker. (7) The excessively rapid speaker. (8) The rapid, involved and indistinct speaker. (9) The man who hurls disconnected sentences at the stenographer. (10) The clear, distinct, unassuming speaker, who talks with absolute precision, with perfect grammar. He is a rara avis, although stenographers occasionally meet him. (11) The man who commences his speech in a deliberate,

measured, distinct, far-reaching tone of voice, and who, when he becomes influenced by the magnetism of his audience and their rapt attention, gives vent to rare flights of oratory. (12) The irrepressible speaker, who does not know enough to sit down while he is down, but who monopolises the precious time of an important convention in saying practically nothing; still his remarks are reported, transcribed and then perhaps liberally blue-penciled, or consigned by the secretary of the association or editor to the waste-basket. (13) The man who jumbles up his nominative, his accusative and his verb with such picturesque incoherence that it is almost impossible to make head or tail of what he means. (14) The man who threads his way through a long and apparently intricate sentence, never losing the connection of the parts, and coming out at the end with absolute precision. (15) The man who does not realise that his first duty is to make himself heard. (16) The man who never completes his sentences, but is utterly oblivious of that fact when he critises the report of his speech. (17) The man who misquotes, and then blames the shorthand writer if he has not supplied the correct quotation. (18) The foreigner, who imagines he speaks like a native. (19) The man who drops his voice toward the end of sentences. (20) The low, mumbling conversational style of speaker, who indulges in a free and rapid flow of words which taxes the reporter's skill and dexterity. (21) The man who is extremely subtle in the use of words and phrases. The shades of meaning are so delicate by the judicious selection of them that the stenographer must retain the original force and color of each sentence. (22) The sympathetic, lachrymose speaker. (23) The man who habitually clothes his hazy ideas in loose, disjointed talk, which, if transcribed as uttered, would mar, if not ruin, his reputation. (24) The man with a slow and fatiguing mode of utterance, whose sentences are diffuse, intricate and deficient, both in eloquence and precision. (25) The man who is clear, forcible, persuasive, with an eloquence natural and direct. This type of speaker usually spends much time in meditation and in the composition of his speeches. (26) The man whose speeches are notable for their subtlety of discrimination and depth of learning. (27) The man who evolves original thoughts, whose imagination pictures vivid scenes, and whose voice and gesture emphasise living truths. (28) The eccentric speaker, who stifles and distorts natural eloquence. His introductory is long; divisions and sub-divisions are perhaps illustrated by a pointless story. (29) The man who carefully selects his words and utters sentences that are models of

syntax. (30) The man whose style is natural, easy and varied, with short clauses expressing vivid ideas. (31) The tautological speaker. (32) The vivid, brilliant speaker, who pours out a torrent of words, dexterously handled, and whose remarks are full of sudden turns and surprises, but are illumined by ingenious reasonings. (33) The man with a strange and unfamiliar style, whose sentences are portentously long. (34) The man who speaks rapidly and monotonously, becomes entangled in his own sentences and mispronounces words. (35) The man who is known for his elegant diction, his scholarly references and the ornateness of his phraseology. (36) The man who stutters, speaks indistinctly and yet is extremely technical. (37) The pompous speaker.—*The Chicago Clinic.*

A FURTHER CONTRIBUTION TO THE THERAPEUTICS OF HEROIN.

By JULIUS WEISS, M. D., Vienna.

SIMULTANEOUSLY with the publication of my experience in the October number of *Die Heilkunde* appeared an article by Floret in the *Therapeutische Monatshefte*, No. 9, detailing his results with heroin. Floret likewise came to the conclusion that this remedy is an excellent sedative for coughs, both in cases of acute as well as chronic bronchitis, since it not only alleviates the subjective symptoms and the pains in the chest, but also greatly diminishes the desire to cough. In twenty-five cases of pulmonary tuberculosis the drug afforded much relief in doses of 0.005 to 0.01 gm. Strube, *Berliner Klinische Wochenschrift*, No. 7, 1898, tried heroin in the Medical University Clinic of Professor Gerhardt, of Berlin, and experiments made by him on animals showed that heroin has a particularly strong influence upon the respiration, which is manifested by doses too small to produce any narcotic effects. He administered pills of 0.005 gm. and in cases where this dose proved ineffective, increased it to 0.01 and 0.015 gm. In every instance in which Strube made use of heroin, it exerted a perceptible influence upon the breathing, diminishing the frequency of respiration and the tussal irritation. Altogether he employed it in fifty cases, comprising chiefly phthisical subjects.

Heroin in the pure state has the disadvantage of being insoluble in water, so as to limit its administration to pills and powders. For this reason the preparation of a combination of heroin soluble in water, the so-called heroin hydrochloric, should be regarded as a material advantage. I have prescribed heroin hydrochloric in twenty-

five cases and found it as efficient as the heroinum purum. I administered it dissolved in aqu. amygdal. amar; in solutions in distilled water with addition of mixt. gummos. In a few cases I found a combination with creosote, salipyrin and tincture of strophanthus useful.

My clinical material consisted of patients suffering from phthisis, simple primary bronchitis and bronchitis secondary to valvular diseases of the heart. As is well known, the latter class of cases is often very distressing and difficult to relieve, especially if it is impossible to establish adequate cardiac compensation.

Our customary cardiac remedies are entirely inefficient in certain cases, especially lesions of the aortic valves, arterial sclerosis without valvular trouble, and also in certain affections of the cardiac muscle, while in those of the mitral valve and in another group of diseases of the cardiac muscle they exert a prompt influence. If we succeed in establishing compensation, then the secondary bronchical catarrh will vanish. This fact must be especially emphasised as, unfortunately, morphine preparations are sometimes prescribed for patients for whom cardiac remedies would prove more serviceable.

The employment of morphine and its substitutes is, however, especially indicated in those affections of the heart in which cardiac remedies are ineffective, or contra-indicated. In this very class of cases, heroin appears to me to present a special advantage over morphine or codeine since even in small doses it deepens and prolongs the respiration and simultaneously exerts a sedative influence, without any decided narcotic effect, at least in the small doses required. In two cases in which distinct signs of angina pectoris with arterial sclerosis were visible, heroin greatly alleviated the stenocardiac disturbances. In four cases of influenza in which the pulmonary symptoms presented the picture of bronchitis sicca, heroin produced a marked improvement in the disagreeable pains in the chest and in the bronchial irritation.

One of the chief advantages of this new substitute of morphine seems to be that it manifests so decided an effect in comparatively so small doses, that it may be given without risk even in those cases in which the heart and lungs are conjointly affected. The advantage of the soluble heroin hydrochloric over heroin itself consists in that it is often advisable to prescribe the drug in solutions and mixtures in preference to powders and pills, not only because some patients object to the latter form of administration, but also because the first form enables us to give heroin in combination with other efficient medicaments.—*Die Heilkunde*, February, 1899.

RULES OF BRAIN ANATOMY—REVISED.

By WILLIAM C. KRAUSS, M. D., Buffalo, N. Y.

RULE OF TWO.

Nerve centers:
1. Encephalon. 2. Myelon.

Encephalon:
1. Cerebrum. 2. Cerebellum.

Hemispheres:
Cerebrum, Cerebellum, Myelon — 1. Right. 2. Left.

Fissures:
1. Longitudinal. 2. Transverse.

Dura-folds:
1. Falx. 2. Tentorium.

Brain-matter:
1. White. 2. Gray.

RULE OF THREE.

Membranes:
1. Dura. 2. Arachnoid. 3. Pia.

Hemispheral fissures:
1. Sylvian. 2. Central (Rolandic). 3. Parieto-occipital.

Convolutions:

Lobes:
1. Frontal — 1. First or Super. 2. Second Medi. 3. Third Sub.
2. Temporal — 1. First or Super. 2. Second Medi. 3. Third Sub.
3. Occipital — 1. First or Super. 2. Second Medi. 3. Third Sub.

Commissures:
1. Pre. 2. Medi. 3. Post.

Basal ganglia, pairs:
1. Striata. 2. Thalami. 3. Quadrigemina.

Cerebellum:
1. Right Hemisphere. 2. Left hemisphere. 3. Vermis.

Cerebellar peduncles, pairs:
1. Pre. 2. Medi. 3. Post.

Cerebellar cortex-layers:
1. Granular. 2. Purkinje's. 3. Molecular.

Cranial nerves, pairs:
W-i-l-l-i-s plus 3= 9.
S-ō-m-m-e-r-i-n-g plus 3=12.

RULE OF FIVE.

Hemispheral lobes:
Visible: 1. Frontal. 2. Parietal. 3. Temporal. 4. Occipital.
Invisible: 5. Insula.

Ventricles:
Visible: 1. First. 2. Second. 3. Third. 4. Fourth.
Invisible: 5. Fifth (pseudo-ventricle).

Cerebral cortex-layers:
1. Molecular. 2. Small pyramidal cells. 3. Large pyramidal cells. 4. Polymorphic cells. 5. White matter.

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

EDITORS:

THOMAS LOTHROP, M. D. - WM. WARREN POTTER, M. D.

All communications, whether of a literary or business nature, should be addressed to the managing editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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THE IMPOSSIBLE LEFFINGWELL.

SENATOR GALLINGER recently fathered a bill prohibiting animal experimentation in the District of Columbia, and in doing so was the means of turning loose upon the public one of the most insufferable of the narrow-minded and vituperative anti-vivisection cranks that it has been the misfortune of the medical profession to turn out. Heaven only knows what high motive could inspire a member of the Senate to father such a bill—a senate notorious for its vivisection of trade and humanity—but it did it.

They do queer things in the senate anyway. It is a sort of a political crazy quilt these days, with patches from the beef embalming works and other patches from the monopoly circles. Senator Gallinger climbed into the ring with his anti-vivisection bill, and he was supported by a New York State doctor named Leffingwell, who flew to Gallinger's aid in his effort to bar the progress of conservative research, like a hungry vulture to a carrion feast. He labored and brought forth from the recesses of his mind as disgraceful an attack as was ever issued by anti-vivisectionists, who are notorious for the falsity, malice and bigotry of their arguments.

This man Leffingwell prepared an argument for Gallinger; an argument in pamphlet form in which he endeavored to show the awful cruelties of vivisection. How he must have gloated over the opportunity to throw himself into the rays of the lime light!

After properly prefacing his work, Leffingwell opens his argument with an attack on a Catholic order, and in the bitterness of this is shown his bigotry. After accusing the members of this order of being chronic liars, he says on his own responsibility and with never a blush of shame that on a recent visit to the Pasteur Institute

in Paris, he saw "scores of rabbits lying in their compartments slowly dying, *with their eyes rotting out* (italics his), the result of inoculations which the American Academy of Sciences informs Congress 'involved less suffering than the administration of an anesthetic.'"

Leffingwell is certainly an impossibility. Anyone is who would attack a religious order for lying and then make such a statement as that.

Then this eminent anti-vivisectionist proceeds to an attack on Surgeon General Sternberg. We do not know what his grievance against the Surgeon General of the Army is. He must have one, else he is a malicious slanderer. If he has a grievance it is a selfish one.

After attacking General Sternberg as one of the cruel experimenters, Leffingwell gives an account of certain experiments made by the Surgeon General so worded as to make Dr. Sternberg appear to be a most degraded and loathsome person. If there ever was any doubt regarding the malice of Leffingwell, this section of his pamphlet would clear it up.

When the pamphlet appeared, Dr. Sternberg replied to certain portions of it in a letter addressed to the chairman of the committee on the District of Columbia, in which he said:

The fact is recognised by well-informed physicians throughout the world that the great progress made by scientific medicine during the past thirty years has been to a great extent due to experiments upon the lower animals, and that our exact knowledge with reference to the cause and prevention of infectious diseases of man and domestic animals is based largely upon the inoculation experiments, made for the most part upon small animals, such as mice, guinea-pigs and rabbits. Those who have engaged in such experiments insist that the pain attending the inoculation is trifling and does not call for the administration of an anesthetic.

To give an anesthetic to an inoculated animal during the time it is under observation to determine the result of the experiment would entirely neutralise the value of the experiment, and a law requiring this would effectually arrest all investigations of this kind. Dr. Leffingwell has referred to certain experiments upon rabbits made by me in the laboratory of the Johns Hopkins University nearly twenty years ago. Those experiments resulted in a very important scientific discovery—that of the germ of pneumonia. If Dr. Leffingwell had consulted a modern text-book of bacteriology he would have found that in the experiments referred to the fatal result in the rabbits experimented upon was due to the accidental presence in my salivary secretions of a pathogenic micrococcus, which has

since been proved to be the usual cause of inflammation of the lungs, also that it has since been found temporarily present in the salivary secretions of many other healthy individuals as well as in the pulmonary secretions of persons suffering from pneumonia. Dr. Leffingwell's incomplete account of my experiments, and his incorrect statement as to the cause of the death of the rabbits experimented upon, have been published in the daily newspapers with a view to presenting me to the public as a man of cruel instincts, and also as one who carried in his mouth 'a venom more deadly than that of the viper or the rattlesnake.' Both allegations are false. If I had hunted rabbits with dogs there might have been some foundation for the charge of cruelty. But no one has proposed that the Congress of the United States shall legislate to prevent the wounding and killing of animals for sport, while my experiments made in the interest of science and humanity are characterised by Dr. Leffingwell and his associates in this crusade against scientific investigation as cruel, and an effort is being made to convince the Senate of the United States that the government laboratories in this city should be placed under surveillance other than that of the bureau officers who, under present laws and regulations, are in charge of them.

This is a manly, straightforward reply to a malicious attack and is what might be expected of the Surgeon General.

Dr. Sternberg occupies a prominent place in the public service and is professionally, one of the foremost bacteriologists in the world. Under the circumstances he is the target for all the disgruntled and mentally distorted backbiters in and out of the profession. It is regretable, however, that the Surgeon General should be the victim of these attacks. Praise alone should be his, if not for his eminent scientific work, then for his admirable conduct of the medical department of the army during the war. Of all the bureaus his is the safest from attack, political or otherwise. He has furnished the best medical attendance obtainable, and the drugs and supplies sent out by his order have not been "as good as any," but have been unqualifiedly the best. A man who has done what Gen. Sternberg has done can withstand the attacks of such as Leffingwell without injury.

Truly, Leffingwell is an impossibility.

THE EXECUTION OF A WOMAN.

AT SING SING prison on March 20, 1899, there was legally killed a woman named Martha Place, who had brutally and fiendishly murdered her step-daughter and attempted to murder her husband. She was electrocuted after vain efforts had been made to secure

a commutation of her sentence at the hands of Governor Roosevelt, who, however, with that firm determination which has always characterised him, refused to interfere. There was no sex in crime in this case. There was a question regarding Mrs. Place's sanity at one time, but Governor Roosevelt caused her to be examined by Drs. Dana and Polk and they reported that she was sane. The electrocution was successful in every respect. There were no harrowing scenes and death was instantaneous.

The last woman legally killed in this state was Mrs. Druse, at Herkimer, who was hanged and who fought her keepers every inch of the way from the cell to the gallows, creating a scene of horror which has ever since lived in the memory of the witnesses.

Electrocution is now established as the most humane method of execution and the idea was born in Buffalo, in the brain of the late Dr. A. P. Southwick. New York State first adopted it, then Ohio took it up and now Massachusetts has done away with hanging and made electrocution the method of execution. When the question was before the Ohio legislature the fight was bitter. A newspaper published at Columbus, fighting for electrocution, sent to New York State for reports and secured from Dr. Nelson W. Wilson, of this city, a lengthy opinion. Dr. Wilson has for years made legal executions a study. He had seen a great many persons hanged and a number go to their death in the chair, so that he was qualified to speak more properly from the view point of an expert than any one else who had been approached. His paper pronounced in favor of the chair and one night it was read before the committee. The committee reported in favor of the new law the next day.

Other states will follow New York, Ohio and Massachusetts in establishing electricity as the method of execution and then there will be an end to the strangling and choking of murderers on the gallows.

A MEMORIAL TO DR. JOSEPH O'DWYER.

A COMMITTEE of over forty physicians representing sixteen different medical societies of the city of New York and including representatives of both so-called systems of medicine, has been formed for the purpose of doing honor to the memory of Dr. Joseph O'Dwyer.

The first meeting was held at the New York Academy of Medicine, November 22, 1898, under the chairmanship of Dr. J. D. Bryant and was mainly devoted to organisation. Dr. Geo. F. Shrady

was elected permanent chairman, Dr. Alfred Meyer, permanent secretary, and the following committee on scope and plan was appointed: Dr. Dillon Brown, Chairman; and Drs. Robert Abbe, R. G. Freeman, L. Emmet Holt and Louis Fischer. At the second meeting, held at the Academy of Medicine, March 13, 1899, the report of the committee on scope and plan was adopted and now only awaits final action of a meeting of the full committee.

The memorial to Dr. O'Dwyer will probably take an educational form, for by the plan now outlined it is proposed to raise a fund of $30,000, the interest of which shall support two O'Dwyer fellowships in pediatrics, open to competition by physicians who graduate in the United States and to be held by the successful competitors for a period of two years. During this period they must furnish satisfactory proof of their engagement in original research work to a committee of five, one of whom shall be appointed by the president of Harvard University, one by the Dean of the Johns Hopkins Medical School, one by the provost of the University of Pennsylvania, one by the president of the University of Chicago, and one by the president of the New York Academy of Medicine.

Many details of this general plan are still to be arranged, which the secretary will furnish to the medical press of the country so soon as they are finally decided. This preliminary notice has for its object merely to acquaint the profession with the fact that a movement of this nature is on foot, and that an effort will be made to give it the international character so fitting as a memorial to an investigator of international reputation.

UNIVERSITY OF BUFFALO.

ANNUAL COMMENCEMENT OF MEDICAL, PHARMACAL AND DENTAL DEPARTMENTS.

THE 53d annual commencement of the department of medicine, the 12th annual commencement of the department of pharmacy and the 7th annual commencement of the department of dentistry of the University of Buffalo were held on Tuesday, April 25, 1899, which should properly be termed University day. Considered as a whole, the exercises this year possessed more than usual interest, especially so far as the alumni association was concerned which, as usual, led off with a morning session. In order, however, to present a compact and yet detailed report of the proceedings of

University day we shall take up for consideration the commencement exercises proper, which were observed at Music Hall in the evening.

COMMENCEMENT EXERCISES AT MUSIC HALL.

The official ceremonies pertaining to conferring the degrees were slated to begin at 7.30 o'clock p. m., but long before that time the great auditorium was thronged with the friends of the graduates, the alumni association and the university. Soon afterward the candidates, attired in cap and gown, occupied seats reserved near the stage. The members of the faculty were seated on the stage. The Hon. James O. Putnam, chancellor of the university, was unable to be present and George Gorham, acting in his stead, conferred the degrees.

After several selections by the orchestra, Prof. Herbert M. Hill presented to the acting chancellor the candidates for the degree of doctor of medicine. Prof. Mann then administered to the class the Hippocratic oath, and, amid the applause of the audience, the degrees were conferred by Mr. Gorham upon the following-named:

Lloyd L. Ackley, William W. Bachman, Samuel B. Baker, Louis J. Beyer, Frank Parker Bingham, Ph.B., Avery Kirk Brodie, Caroline W. Coats, M. D., Frances J. Coleman, M. D., Robert Edward DeCue, Bernard F. Dennis, Leo. Joseph Doll, Martin Joseph Downey, W. Levell Draper, M. D., J. Fred Eckerson, Frank X. Fiegel, James P. G. Gould, Guy L. Granger, William Walter Grantier, Edward Parker Hay, Thomas Marsden Heard, Jr., Myrtle A. Hoag, Mary L. Jennings, Charles Kelley, Ph. G., Catharine E. Kelley, Frank H. Lattin, Gerra K. Lester, Ira Warner Livermore, Arthur McCarthy, George F. Mills, Francis M. O'Gorman, William Nelson Pette, Francis N. Pitass, Guy E. Ridgway, Julien Arthur Riester, Charles C. Roosa, Patrick J. Ryan, Isadore J. Saylin, Edward A. Schweigert, Henry J. Siedler, Ph. G., John Arthur Spengler, B. L., M. L., B. S., George S. Staniland, Rae Latham Strong, Charles St. John, Ph. G., Dean O. Thompson, William Irving Thornton, Alfred F. Zittel.

Dr. Gregory announced the honor roll as follows: Frank X. Fiegel, Arthur McCarthy, Myrtle A. Hoag, Frank Parker Bingham, Ph. B., Ira Warner Livermore and Robert Edward DeCue.

Miss Catharine E. Kelley's diploma is withheld temporarily owing to the fact that she is not yet 21 years old.

The candidates for the degree of graduate in pharmacy were presented by Dr. John R. Gray.

The degree of master of pharmacy was conferred upon the following-named in accordance with the recommendation of the faculty: S. Hobart Dorr, Ph. G., John P. Meidenbauer, Ph. G., Melvin McAlone, Louise F. Morris, Ira H. Watson, Nelson McKay Wiegand, William H. Wood.

The degree of graduate in pharmacy was conferred upon Clifford B. Anthony, Herbert M. Anthony, Joseph P. Corbett, Harry H. Coulson, James J. Dargan, Frank T. Dewey, Herbert R. Edmonds, Warren F. Gardner, Ella M. Garlick, Harry M. Gates, Edward W. Hodson, Burr R. Hollands, Lucius E. Ingersoll, Mary R. Jenkins, Maurice M. Kinsey, Ellis T. Lathbury, William E. Lemon, George W. Lindner, Harry C. Luke, Henry T. Monroe, Rose M. Norton, John C. Peterson, John H. Rider, Horace G. Stilwell, Amos H. Thayer, Abram L. Weil, M. D.

William H. Wood, Melvin McAlone, Frank T. Dewey, Harry M. Gates and Lucius E. Ingersoll were on the honor roll. The Peabody prize was carried off by William H. Wood and Miss Louise F. Morris won the Alumni Association prize.

Dr. Snow presented the candidates for the degree of doctor of dental surgery. They were: Frank Anderson, George Morris Austin, William George Beaumont, Charles Alonzo Bennett, Frank Joseph Biker, Michael Courtney Bradley, William John Burke, Duncan Alexander Cant, Frederic William Champlin, Charles Hoyt Churchill, Arthur Burdette Cobb, Frank Winthrop Cook, Frederic Seaman Cox, Leon Van Cursons, Guy Rufus Danforth, George Edward Dougall, John Elmer Dunn, Harry Gardiner Fairfield, Robert Joseph Fletcher, Charles Joseph Fraley, Charles Elisha Gillam, Gladstone Goode, Bertrand Oscar Harmon, Charles Henry Hickleton, Abram Hoffman, George Lee Horton, Arthur Fuller Isham, William Dawson Jacob, Alfred Osman Jerrett, Arthur John Jessel, Clement Dale Kennedy, Burt Kinsella, Francais Montgomery Lee, William Nicklis Leonard, Harry Hethcote Luton, Harry Koch Mason, Russel George William Merkley, Stanley Albert Merkley, John Middaugh, George Franklin Mouthrop, Mansfield Earnest Mooney, Arthur Bryce Muir, Emanuel Muntz, Daniel McPherson Murray, Thomas Francis O'Shea, George O'Leary, Frederick William Orwan, Herman Eugene Reynolds, Clare Eugene Robinson, William James Roche, Robert Sabin, Robert Roy Schmidt, Henry Hugo Adolph Semtner, Grace Newton Shirley, B. L., Howard Arthur Smith, Louis Weston Smith, Alonzo Whitcomb Tracy, James Forbes Wardner, William Howard Willson.

The diploma of Leon Van Cursons was withheld because of the fact that he was under age. It will be delivered as soon as he attains his majority.

The names on the honor roll were Arthur John Jessel, Arthur Fuller Isham, Abram Hoffman, Grace Newton Shirley, B. L. Gladstone Goode and Charles Elisha Gillam.

The annual address to the graduates was delivered by the Rev. Henry Elliott Mott, D. D., who also pronounced the benediction.

Three banquets followed the commencement exercises. The medical department banquet took palce in the banquet room at Music Hall, an account of which appears in its appropriate place.

The pharmacy and dentistry departments held their banquets at the Ellicott Club. At the dentists' dinner, held in the large dining room, the toast list was as follows: Divine Elucidators of Toothotomy, Prof. Geo. B. Snow; Our Colleges, Prof. Faneuil D. Weisse; Our Respected Jugglers of Pills and Plasters, Dr. Almon H. Cooke; Disciples of Munchausen, Charles F. Kingsley; Rag-time Talk of the Past, Dr. William J. Roche; *x*-ray Light on the Future, Dr. Emanuel Muntz; Muses that Amuse, Dr. Frank W. Cook; The Bunch, Dr. Frank W. Sibley.

Dr. Meidenbauer was toast-master at the pharmacy banquet, which was held in the ladies' cafe, and toasts were responded to as follows: The University, Dr. Lucien Howe; Pharmacy and Law, Devoe P. Hodson; Circulator Medicus et Circulator Theologicus Circumforaneus, the Rev. Henry Elliott Mott; Up San Juan Hill, Major Auman, U. S. Army; Pharmacal Education, Prof. George C. Diekman; Pharmacy and War, Dr. A. H. Briggs; Class of 1899, Ira H. Watson; Pharmacal Education, R. K. Smither.

ALUMNI ASSOCIATION.—MORNING SESSION.

A marked feature of the morning session this year was an informal reception given by the committee of women physicians to women graduates and the wives of visiting alumni, which was held in the library of the University from 10 until 12.30 o'clock. Afterward luncheon was served and at which several felicitous little speeches were made. The library was appropriately decorated with rugs, palms, flowering plants, flags and the college colors.

The reception committee consisted of Ida C. Bender, chairman; Maud J. Frye, Mary I. Denton, Edith M. Stewart, Margaret S. Halleck, Lillian C. Randall, Jeannette P. Himmelsbach, Amelia E. Trout, Marie S. Ross, Alice Ross Bennett, Bina P. Vandenberg,

Mary M. Huntley, Cora B. Lattin, Jane W. Carroll, Carro J. Cummings, Alice L. Mitchell and Jane N. Fear.

Among the guests were: Mrs. Frank A. Jones, Rochester; Mrs. Wm. J. Howe, Scottsville; Mrs. Clara Boysen, Egg Harbor City, N. J.; Mary B. Wetmore, Buffalo; Mrs. C. M. Briggs, Fairport; Alice M. Potter, Ithaca; Mrs. Mary A. Potter, Ithaca; Mrs. A. L. Benedict, Buffalo; Harriott Sheldon, Buffalo; Mrs. Thos. Bagley, Buffalo; Charlotte Masten, Wellsburg; Helen Kennedy, Buffalo; Louise Westlake, LeRoy; Mary Hayes, Kane, Pa.; Mrs. John R. Gray, Buffalo; Hortense V. Bruce, Buffalo; Mary Clayton, Buffalo; N. Victoria Chappell, Buffalo; Miss Emma Chappell, Buffalo; Electa B. Whipple, Buffalo; Mrs. Z. J. Lusk and Miss Lusk, Warsaw; Caroline W. Coats, Francis J. Coleman, Myrtle A. Hoag, Mary L. Jennings, Katherine E. Kelly, all of the graduating class and members of the faculty.

Of those of fifty years ago who were to meet in reunion only such war horses as C. C. Wyckoff, '48, Walter D. O. K. Strong and Frederick F. Hoyer, '49, were vigorous enough to meet again as college boys after a lapse of a half century. Of 1869 four were present, and an extremely pleasant time they had reminisencing. Those present were: A. D. Atwood, Brooklyn; John H. Taylor, Holly; Frank A. Jones, Rochester, and D. G. Hubbard, Buffalo. Dr. Robert A. Patchin, Des Moines, Ia., was elected president.

Of those of 1859 only two responded to the roll call—Hamilton E. Smith, of Detroit, Mich., and William Warren Potter, of Buffalo. Dr. Smith was elected president and class orator for the ensuing year.

A very enthusiastic class reunion was that of 1874. Mutual recognitions were difficult and caused much amusement, for time had wrought its usual changes, but once more together they were the "old boys" and lived over again the old times. There were present fifteen members of the surviving twenty-nine, and the only saddening feature of the occasion was the thought of the seven who had gone to the great majority. Those present were: Edward N. Brush, Towson, Md.; Bernard Bartow, Buffalo; Theo. H. Boysen, Egg Harbor City, N. J.; Robt. N. Bush, Horseheads; Marcenus H. Cole, Newfane; David B. Horton, Red Creek; John A. Love, Warren, Pa.; John A. Pettit, Buffalo; Darius G. Pickett, Fredonia; Clinton A. Sage, Buffalo; John R. Selover Applegate; Adin P. Waid, Buffalo; William D. Whitney, Muncie, Ind.; William J. Howe, Scottsville, and T. L. Barry, East Aurora.

Letters of regret were received from several members. The morning was largely devoted to an experience meeting which was hugely enjoyed by all. A formal organisation was then made by selecting E. N. Brush, president and Wm. J. Howe, secretary. Upon motion of Bernard Bartow, the president appointed a committee of three, consisting of Drs. Bartow, Pettit and Horton to confer with the members of the class concerning contributing to an endowment fund for the University. The president was added to the committee by motion of Dr. Horton. It was decided that a brief history of the members of the class be compiled for publication and that a copy be sent to each member. The class then adjourned to the Genesee House for luncheon, which added very much to the pleasure of the occasion.

The class of '79 held its first reunion and the following officers were elected for the Pan-American year, 1901: President, Wm. L. Dickinson, E. Saginaw; vice-president, E. J. Drury, Phoenix; secretary, Benj. F. Rogers, Buffalo; treasurer, L. E. Ellis, Detroit; F. H. Bartlett, Bradford, Pa.

The class of '89, made a record with the following members present, including the alumni of Niagara University, '89: Lyman C. Broughton, Castile; John C. Brown, Smethport, Pa.; Wm. O. Burbank, Pavilion; Thomas Bagley, Buffalo; Elmer E. Briggs, Buffalo; Robert S. Carr, Williamson; E. A. Forsyth, Univ. Niagara, Buffalo; John R. Gray, Buffalo; Walter E. Gregory, Dansville; Harold A. Hayes, Buffalo; John T. James, Medina; J. M. Kraus, Buffalo; Frederick W. Koehler, Buffalo; Henry J. Mulford, Buffalo; Wm. Stanton, Varysburg; Wm. T. Twitty, Buffalo; Alfred W. Bayliss, Univ. Niagara, Buffalo; Washington I. Hewitt, Univ. Niagara, Olean.

Class officers for the ensuing year were elected as follows: President, Grover W. Wende, Buffalo; vice-president, Washington I. Hewitt, Univ. Niagara, Olean; secretary, Frederick Koehler, Buffalo; orator, A. W. Henckell, Rochester.

It was unanimously resolved to subscribe individually towards an endowment fund for the benefit of the medical department of the university. After an enjoyable and interesting reunion the class adjourned to meet at the alumni meeting of the university in 1900.

AFTERNOON SESSION.

The regular session of the association was called to order in alumni hall at 2.30 p. m., by Dr. Z. J. Lusk, president. Minutes of the meetings of April 26, 1898, and February 22, 1899, were read and

approved, after which the president delivered his address, which will be published later in the JOURNAL. The report of the treasurer, Dr. Herbert U. Williams, was then submitted as follows:

I beg to hand you herewith my detailed report as treasurer, showing total receipts to date, $402.11, with expenses of conducting the exercises of April 26, 1898, and our share of the alumni reunion of February 22, 1899, $394.33, leaving cash balance on hand of $7.78.

A year ago the executive committee were empowered to take such steps as they sought fit for the collecting of unpaid dues from the members, but as no scheme has been as yet devised to do the same, I would report that upon my books are registered 489 members live and active, from whom upon April 25, 1899, became due $4,571. This association has always felt the need of money and has had continually to ask for donations from those most willing to give. Could the money due the association, or a large share of it, be obtained, the financial status would be one which would warrant expansion into fields which would be of interest to each member. The number eligible to membership in this association today is about 1800. I find that each graduating class adds but few to our number. I would, therefore, recommend that the executive committee with the treasurer be empowered to collect the amounts due to the association from delinquent members, by compromise or otherwise, as in their judgment seems best fitted to each individual case, and I would recommend that in order that the graduates may be encouraged to become active members in this association that the following amendment be made to the by-laws, to-wit:

That there be added to article I. of the by-laws, adopted April 27, 1897, a section to be known as section 3, which shall read, that graduates of the medical department of the University of Buffalo who upon the date of graduation shall apply for membership in this association shall have his annual dues in said association remitted for the year next following the year of his graduation. By this amendment dues as an active member will begin after he has been two years in active practice. I would further recommend that as active membership is the only relation which individuals should bear to this association, and as life-membership begets a lack of interest in the association, that section 11 of article I. of the by-laws, adopted April 27, 1897, and which reads, "That the member who shall pay the sum of $10 at any one time shall thereby be made a life-member and be exempt from further payment of annual dues," stand annulled from this day and date.

I sincerely hope that these recommendations may be adopted to the advantage of our association.

Respectfully submitted,

HERBERT U. WILLIAMS, Treasurer.

Dr. Lytle moved, and it was carried, that the proposed amendment be received and placed on file until the next regular meeting.

Dr. Chappell moved that the chair appoint an auditing committee. Carried.

The president appointed Drs. Bingham and Bartow, who subsequently reported that the treasurer's detailed report was correct. Their report was accepted and filed.

The report of the executive committee was then presented as follows:

For the annual meeting of April 27, 1898, we expended a sum of money equivalent to $344.33; for the reunion, held February 22, 1899, we spent the sum of $50, as shown in the treasurer's report. The committee deemed it wise to have a reunion to welcome the adopted alumni of the University of Niagara into its fold. Being without funds to warrant such an expense, we addressed the permanent faculty of the medical department and they unanimously seconded our efforts by appointing two of their number to coöperate with the executive committee, and at the same time furnished the necessary funds for the carrying out of our proposition. From the reprint mailed you, you will see that this reunion was an unqualified success. We have been encouraged to initiate ten-year class reunions, beginning with the classes as named in the annual announcement. This has required a large amount of labor, a great part of which has been performed by Miss Emma L. Chappell, who has given her services freely and without compensation, and the executive committee wish now to publicly acknowledge their indebtedness for the same.

We feel that in the enlarged field in which the association can work, certain changes should be made to the constitution and by-laws, and we therefore recommend the following amendments to the constitution, adopted April 27, 1897, to-wit:

That article IV., section 1, which now reads, "The officers of this association shall be a president, five vice-presidents, two of whom shall be residents of Buffalo, a secretary, a treasurer, a board of trustees, consisting of five members, and an executive committee, consisting of five members, two of whom shall be respectively the president of this association and the secretary of the faculty, each ex-officio," shall read, "The officers of this association shall be a president, five vice-presidents, two of whom shall be residents of Buffalo, a secretary, a treasurer, a board of trustees, consisting of five members, an executive committee, consisting of seven members, four of whom shall be respectively the president, the secretary and the treasurer of this association and the secretary of the permanent faculty of the medical department, each ex-officio, and that a section to be known as section 5, article IV., shall be added which shall read "The officers of this association shall only be chosen from the regular active members in good standing." That section 1, article VI., shall be so changed as to read "all nominations and elections shall be by ballot as hereafter provided. The members nominated and subsequently elected to office by a plurality vote of

the members of the association in good standing shall enter upon their duties immediately upon the final adjournment of the annual session of the association, and said officers shall hold office for one year or until their successors are elected as hereinafter provided; and that a section to be known as section 3, article VI., be created to read "A member in good standing in this association is one whose dues are paid in full" and that there be inserted in article V., section 3, after the word "ten," section 2, and after the word "members," section 3, the words "regular active members in good standing," and after the word "members" in section 1, article VII., be inserted "in good standing."

We also recommend the following amendments to the by-laws by adding to article V. three new sections to be known as sections 5, 6, 7, which shall read as follows, to-wit:

Section 5. The executive committee shall annually and not later than March 1st, prepare and submit to each regular active member in good standing a list containing six names for each office becoming vacant, at the annual meeting next following. This list shall be known as the "nominating ballot."

The executive committee shall receive, canvass and record the casts of the nominating ballot.

Section 6. The executive committee shall annually and not later than April 1st, prepare and submit to each regular active member in good standing, a ballot to be known as the "official ballot"; said official ballot shall contain two names for each office becoming vacant at the annual meeting next following. The said names shall be those receiving the greatest number of votes for the respective offices, as shown by the cast of the nominating ballot, as provided for in section 5 of this article.

Section 7. The executive committee shall receive, canvass and record all ballots cast for the officers of this association up to 3 o'clock in the afternoon of the day of the annual meeting, at which time the polls shall be closed.

The executive committee shall report to this association not later than 5 o'clock in the afternoon of the day of the annual meeting the result of the cast of the ballots for the officers of this association.

The executive committee would further recommend that the BUFFALO MEDICAL JOURNAL be designated as the official journal of this association and that the secretary be instructed to furnish the editors thereof with a complete report of the various meetings of this association, including the papers presented, as soon after the meetings as possible.

We further recommend that the secretary be instructed to secure sufficient reprints from said journal so that each alumnus of the medical department may receive at the next convenient time a copy thereof.

The executive committee wishes to acknowledge its indebtedness to the various members of both the men's and women's committees,

under the able management of Drs. Sherman and Bender, for their efficient services.

THE EXECUTIVE COMMITEE.

By ALBERT T. LYTLE, *Chairman.*

Dr. Chappell moved and it was carried that the report be received and placed on file and that the recommendations of changes to constitution and by-laws pursue the usual course.

Dr. William C. Taylor, of the University of Niagara, then read a paper upon Prophylaxis in obstetrical practice, which with the discussion by Drs. Matthew D. Mann and others will appear in a later number of the JOURNAL.

Dr. Lytle then moved that the president appoint a committee of five to make nominations for the officers for the ensuing year. Carried. The president appointed Drs. B. G. Long, N. W. Wilson, Matzinger, Parker and Bingham.

Dr. Barrows then presented the following resolutions which were adopted upon his motion.

WHEREAS, The objects of the alumni association of the medical department of the University of Buffalo are the fostering and fraternal spirit among the graduates of the medical department of the University of Buffalo, the sustaining of interest in the medical department of the University of Buffalo, and advancement of medical education and medical science, as stated in the constitution, article II.; and

WHEREAS, In large universities like those of Harvard, Yale, Cornell and Pennsylvania, each alumnus has a voice in the management of the affairs of the university; and

WHEREAS, This participation in the management of the affairs of an institution propagates, stimulates and maintains sympathy, loyalty and interest in the welfare of an institution. Be it

Resolved, That this association believes that the alumni of this university should have a representative in the council of this university, chosen for a term of years by a plurality vote of the alumni in good standing. And be it

Resolved, That the executive committee be instructed to lay these resolutions before the permanent faculty of the medical department and before the council of the university, to demonstrate to them the reciprocal advantages which will ensue and that they report thereon at the next annual meeting.

The nominating committee then reported the following choice of officers for the ensuing year, 1899-1900: President, William Warren Potter, '59, Buffalo; 1st vice-president, Devillo W. Harrington, '71, Buffalo; 2d vice-president, Charles R. Barber, '82, Rochester; 3d vice-president, W. R. Campbell, '80, Niagara Falls; 4th vice-president, A. W. Henchell, '89, Rochester; 5th vice-president, N. Victoria Chappell, '92, Buffalo; secretary, T. H. McKee,

'98, Buffalo; treasurer, Herbert U. Williams, '89, Buffalo; trustee for five years, P. W. VanPeyma, '75, Buffalo; executive committee, A. T. Lytle, '93, Buffalo; G. W. Wende, '89, Buffalo; A. T. Kerr, Jr., '97, Buffalo.

On motion of Dr. Rochester it was ordered that the secretary cast one vote for these officers, which was done and they were declared elected.

A paper was then read by Dr. William G. Bergtold, of Denver, Col., entitled Human hemoglobin in high altitudes, which was discussed by Drs. Charles G. Stockton, Albert E. Woehnert and A. L. Benedict, which will be published later.

Dr. John H. Pryor read a paper entitled, The relative death-rates of cancer and of consumption, which was discussed by Drs. H. R. Hopkins, DeLancey Rochester, H. R. Gaylord and George E. Blackham. (To be published.)

Dr. McKee moved and it was carried, that a vote of thanks be extended to Miss Emma L. Chappell for her services to the executive committee.

Dr. Lytle then moved that the prepared amendment to article III. of the constitution be taken from the table and read. Carried. He then moved the adoption of the amendment, which reads: Every graduate of the medical department of the University of Niagara in good standing shall become a regular, active member of the association upon payment of membership dues. Carried.

Dr. Lytle moved and it was carried, that a vote of thanks be extended to Drs. Sherman and Bender and their associate committee for their excellent work upon the reception committee. He further moved and it was carried that the BUFFALO MEDICAL JOURNAL be designated the official journal of this association.

Dr. George H. Fox, of the College of Physicians and Surgeons, New York, then presented about 100 stereopticon slides, showing the many phases of cutaneous syphilis. At the same time Dr. Fox indicated in a concise manner their diagnostic features; these slides are from his large and original collection and to those listening and looking it was equal if not superior to a clinic. The reception of this lecture was enthusiastic and it was discussed by Drs. Charles Cary and Ernest Wende.

Dr. Cary moved a rising vote of thanks to Doctor Fox for the beautiful illustrations and the instructive explanations, which was carried.

Letters and telegrams of regret and good wishes were presented. A motion to adjourn was made and carried at 6 p. m.

EVENING SESSION—9.30 P. M.

The annual dinner was held in the banquet room of Music Hall, which was elaborately decorated with national colors. Alumni from 1847 to 1899 inclusive sat down to a delightful spread; music and college songs filled in the time until the toasts were announced by Edward N. Brush, as toastmaster, in his usual entertaining manner. The list was as follows: Forty-niners, '47-8-9, Walter D. O. K. Strong; Twice Two Score, '59, William Warren Potter; Endowment, Eugene A. Smith; Three Decades, '69, Frank A. Jones; A Quarter Century, '74, Robert P. Bush; A Score, '79, William L. Dickinson; Specialism, George H. Fox; A Decade, '89, Robert S. Carr; Today, '99, Frank P. Bingham; Tomorrow, Mary Innes Denton; Farewell, A Poem, Thomas M. Heard.

Dr. Potter, said with reference to the question of endowment:

You know the changes which medical teaching has undergone during the last few years and that it requires money to carry on such an institution as the University of Buffalo. You are also well aware that it is without endowment, yet there are certain teaching departments whose instructors are compelled to give their entire time to college work and are unable to devote any of it to the practice of their profession. It seems to me that it should be a pleasure as well as a duty to raise sufficient money to endow, or at least help to endow, some of these chairs. I trust that the members of the association here assembled will take the matter unto themselves seriously and each contribute within his means. It seems to me that the time has arrived when every loyal alumnus should put his hand in his pocket and give according to his ability as a pleasant duty.

Dr. Eugene Smith in substance said: Those of you who were present this afternoon will remember hearing what seemed to be a very innocent resolution to the effect that on recommendation of the alumni association the permanent faculty and the council of the university are requested to name a member from the alumni association to represent it in the council of the university. I have no doubt that it is the entering wedge of a movement which is underway to develop the so-called alumni association endowment fund. During the past few years the medical department has been expending practically every cent of its income. More, the members of the faculty, who, in bygone days were able to put some profits into their pockets are now taking those profits out, as well as adding thereto earnings made in other legitimate ways to build up the department. Each class according to its talents, the newest having the greatest enthusiasm,

but least money, and vice versa, should contribute to building up the endowment fund. As to the final disposition of that fund Dr. Potter has already suggested certain channels. It can also be used for the improvement of the medical department and the benefit of the alumni by endowing special lectureships, by putting in new apparatus, necessary, nay absolutely essential, in these days of modern medicine to make it intelligible to the student, and to turn out men who will be a credit to the institution and its alumni and a benefit to suffering humanity. The other day, $2,500,000 was presented to Chicago university, which the president set aside for the benefit of one department only and he seemingly without hesitation called for $3,500,000 more for other departments. Now I am amazed to think that our university, over fifty years old has no endowment fund whatever and wonder why we have so good a school. Need I instruct medical men how they can best advance this fund without absorbing their own returns often so poorly representing their hard work? We can approach those who are well provided with this world's goods at a time when they wish to make their peace with mankind, and tell them that a clause in their will endowing the university to any amount from $5,000 to $5,000,000 would benefit their fellowmen and be an enduring monument.

In conclusion he said, that for the credit of our alma mater, for the credit of educational growth in this end of the Empire state, for the literary reputation which we wish Buffalo and this end of the state to possess, we ought earnestly to strive to make this endowment a large one, leading one class to emulate another until the $500 of the class of '89 will be $5,000 for '79, $50,000 for '59 and so on to a fund commensurate with the institution.

Dr. Frank A. Jones spoke in an interesting and humorous strain of the class of '69.

Dr. Robert P. Bush gave an interesting account of the difficulties met with in securing legislation to elevate the profession and take it from the hands of charlatans, mountebanks and quacks, he, as an assemblyman and as speaker, having been largely instrumental in securing the passage of the present laws in this state, requiring a standard education for all would-be medical students, and a standard education for all would be-practitioners. His remarks aroused enthusiastic approbation.

Dr. W. L. Dickinson, in a witty speech, told a few stories at the expense of his classmates.

Dr. George H. Fox enlivened the occasion with many anecdotes illustrative of the subject.

Dr. Robert S. Carr spoke of the efforts and success of his class in starting the alumni endowment fund.

Dr. F. P. Bingham introduced the class of '99 in an extremely funny way and received applause therefor.

One of the events upon the toast list was the response of Dr. Mary I. Denton, who clearly showed the necessity for a united effort among the alumni to throttle quackery, while she pleaded eloquently for an endowment fund for the alma mater, so sorely in need of aid to maintain her enviable position among mankind.

Dr. Thomas M. Heard read the class poem of 1899, a fitting farewell to a most enjoyable occasion.

PEN PICTURES OF THE MEETING.

The classes which had reunions were those of '47, '48, '49, '59, '69, '74, '79, '89.

The old classmates who had gathered together in the morning lunched in class groups at the Genesee Hotel.

The most enjoyable features of the day's exercises were the reunion of the old classes, ranging from 1847 to 1889.

After the class reunions the visitors inspected the college buildings and the new departments and the General Hospital.

Two of the curators present were Dr. Thomas D. Strong, '51, of Westfield, and A. G. Ellinwood, '48, of Attica. They are both still young men.

It was hard to say which looked the younger—Dr. Henry Lapp, '65, of Clarence, N. Y., Dr. Theophilus H. Boysen, '74, of Egg Harbor City, N. J., or Dr. H. P. Trull, '68, of Williamsville.

At noon an informal reception to women was held in the college library, followed by a luncheon for the women graduates and the wives and daughters of members of the alumni association.

Dr. W. C. Phelps, the beloved "Uncle Billy" of all students who have attended the university in the last quarter of a century, loomed up during the day and was made much of by his old pupils.

Dr. W. G. Taylor, N. U. '93, did himself proud in the paper he read. He is one of the progressive men of today and reflects credit upon his old alma mater, as well as brings distinction to his new one.

There was mighty little pretense of business at the meetings, the old classmates finding more enjoyment in sitting around and telling stories of events and happenings since leaving college and recalling student days.

William L. Dickinson, of East Saginaw, Michigan, whose diploma will be twenty-one years old next year, was kept busy hunting up classmates of twenty years ago. He found four of 'em and they all got offices.

These gatherings, held in the forenoon, were scattered in every portion of the college building, appropriating recitation and faculty rooms, as well as amphitheaters and library, all of which were placed at their disposal.

Dr. W. H. Bergtold, '87, came all the way from Denver to attend the meeting and read a paper. Dr. Bergtold was formerly city bacteriologist of Buffalo, and, of course, has hosts of friends here, who were mighty glad to see him.

The interest manifested in the reunions of the old classes was general, and a most interesting feature of the day was the fact that nearly every class graduated from the University of Buffalo since it has been in existence was represented.

The earlier classes, those ranging from '47 to '70, were as a matter of course small in number. There were two of the class of '59—Drs. Hamilton R. Smith, of Detroit, and William Warren Potter, of Buffalo. The class of '49 had two members present, that of '79 four.

At the meeting of the '89 class the subject of endowment for laboratory instruction was taken up and before it was dropped $500 had been subscribed. Other classes also considered the subject and the probabilities are that an alumni endowment fund will be the result.

President Lusk, who hails from Warsaw, where there's salt, was a prominent figure at the meeting, which was natural. Dr. Lusk's address was flowery. It could not very well be anything else when one remembers that he spoke from behind bunches of palms and blossoms.

Many of the old students had served time in the government service as surgeons during the misunderstanding of the '60's and they had anecdotes to relate, not having seen each other since the day 'way back when they received that most precious of student possessions—the diploma.

Dr. Walter D. O. K. Strong, of Fishkill-on-the-Hudson, came all the way up from his eastern home to attend the reunion of the class of '49, and then failed to show up at the banquet to respond to his toast. Dr. Strong is one of the liveliest of the young fellows of '49, and when one considers his middle initials one cannot wonder why he went into medicine; he had to, it was foreordained by his parents when they named him.

Dr. Robert P. Bush, '74, of Horseheads, made one of the efforts of his life in his speech at the banquet. Dr. Bush was speaker of the assembly once upon a time and made an admirable record as a statesman. A friend speaking of his personality said: "He's almost as good a statesman as a doctor." Dr. Bush is a serious looking man who combs his hair to the leeward. He has almost as many funny stories at his command as Dr. Fox, of New York. We hope he'll come back again next year.

Dr. George Henry Fox, who came up from New York to show the meeting some landscape effects on syphilis and skin diseases that looked like syphilis, made friends and many of them. Dr. Fox wore a Prince Albert coat, a high hat and told stories like Tom Ochiltree. His story of the Jew who swallowed a $5 gold piece, and who, after being pumped out for an hour or more, could not be induced to give up more than $2.75, had a sort of an old New York Thirteen Club dinner ring. They told the best stories in the world, those old New York Thirteen Club members.

Dr. Wende let Buffalo's death-rate take care of itself for one day and mingled. He was preoccupied until he met Dr. Fox at the depot and had taken him to the college building. They made a fine pair of enjoyable professional men, too. Dr. Wende can tell a story for every one Dr. Fox knows, and Dr. Fox knows more than Chauncey Depew. It isn't hard to imagine that there were not many dull moments when these two were together. Dr. Wende's dinner at the Saturn Club was one of the social features of the day not easily forgotten.

E. N. Brush, of '74, who is at the head of the Moses Sheppard and Enoch Pratt Hospital for the insane, presided as toastmaster at the banquet. He showed how easy it was to be graceful oratorically, and make clean bites of big words. The way he introduced the speakers put them at their ease. That's why the talking was the best part of the banquet. Dr. Brush is a nephew of Mrs. J. F. Miner.

A member of the infant class, anxious for the honor of being an alumnus, and fresh from his books, remarked that "the soup is suffering with fatty degeneration." That shows the evil effects on the mind of plain student fare and pathology. After he's been in practice a few years he will become accustomed to living on the fat of the land.

Hamilton R. Smith, of Detroit, came down from Pingreeville and reunioned with the only other member of the class of '59, who was young enough to get out—Dr. W. W. Potter. Their class reunion was a marvel of parliamentary procedure. There has for a year past been a very well-defined idea that the class of '98 was the wildest bunch of students ever taught to be self-respecting doctors in the University of Buffalo. Dr. Smith told some stories of student days in the '50's, which made a couple of '98 men who had heard them feel that '98 wasn't the only red ink year on the university calendar. Dr. Smith and Dr. Potter, who both served as chief surgeons in the Union army during the '61-5 trouble, entertained a great many friends with stories of military surgery and experience.

Dr. F. F. Hoyer has been practising medicine in Erie County for fifty years, being one of the original '49ers. He is a fund of information. Here is one night's experience in his early days of practice as he told it:

"Well, I remember, in the early '50's, a ride at midnight, with only the stars for a beacon, and a bridle path for my horse. I rode many miles through the woods to my patient and delivered her of fine twins. On my way home I made another call and found seven of the inmates sick with fever. At the next place two of the household had died with cholera, two men were lying on the floor dead drunk, and in another room I found a woman in the last stages of child-birth. In a new country, with many nights and days of hard work like this, a young doctor gets his experience quickly."

THE most determined and bare-faced effort has recently been made at Albany to inject politics into the educational system of the state by seizing a great many functions of the board of regents. The White bill introduced into the legislature provides for the appointment of a commissioner of education, at $7,000 a year, and he in turn will have the appointment of four deputies, one at $6,000 and three at $5,000 respectively, besides numerous clerks and other department

employees. This commissioner is given many of the powers now possessed by the board of regents.

The bill was submitted to the board and the entire body with one exception voted in favor of a resolution condemning the bill as "violent and revolutionary."

The one exception was the present superintendent of education, Charles R. Skinner, who is a regent by virtue of his office. The fact that he cast his vote in favor of the bill would indicate that he had been promised, or at least expected, the position of commissioner.

The sooner the bill is killed, the better. Once let the politicians break into the regents office and they will soon be in control of every department, including that of medicine and then medical education will count for nothing. The man with a "pull" would then be the man who would be certain of a state license to practise medicine.

So FAR the Pan-American directors have not taken up one of the most important things in connection with the welfare of the coming exposition—the sanitary supervision. Nearly everything else has been provided for save this. The designation of a chief sanitary inspector is an absolute necessity and should be taken up at once. Whoever this inspector is, he should be a man of unqualified and unquestioned professional ability.

It may be said that there is plenty of time for this appointment, but to delay naming the man for this very important office would be to do him an injustice whoever he may be. There is a great deal of planning to do. He must of necessity inspect the Pan-American and all the details from the very start; then he will know just what is what and later be in a position to intelligently act.

There will, of course, be plenty of candidates for the place. To avoid friction the JOURNAL would suggest that the Pan-American directors call in Dr. Wende, make him chairman of the health committee and let him suggest the name of the inspector to the executive committee. He is the best situated man in Buffalo to name a thoroughly equipped and proficient physician for the post. And later the inspector should have able assistance. This is a matter of vital importance and should not be deferred until the last moment. It is quite as important a matter as the selection of a site.

THE attack on Surgeon-General Sternberg by Dr. Leffingwell has not made any friends for Leffingwell's hobby, but it has strengthened General Sternberg's position.

SURGEON-GENERAL STERNBERG has resolutely fought against political influence in making appointments in his corps. Even the naming of contract surgeons was kept free from such influences and the result has been excellent, honest, scientific work, and Surgeon-General Sternberg's department is the one bureau which is free from taint.

THE report of the State Board of Medical Examiners for the examination held January, 1899, exhibits statistics as follows:

Total number of candidates			123		
Successful			94	$76\frac{4}{10}$	per cent.
Unsuccessful			29	$23\frac{6}{10}$	" "
Rejected in anatomy	10		Rejected in one topic	16	16
" " physiology and hygiene,	2		" " two topics	4	8
" " chemistry,	9		" " three "	6	18
" " surgery	6		" " four "	1	4
" " obstetrics	5		" " five "	1	5
" " pathology and diagnosis	19		" " six "	1	6
" " therapeutics, practice and materia medica	6		" " seven "	0	0
	57				57
Passed with honor					6
Highest general average					$94\frac{9}{10}$

The report for the examination held April, 1899, is as follows:

Total number of candidates			68		
Successful			51	75	per cent.
Unsuccessful			17	25	" "
Rejected in anatomy	7		Rejected in one topic	8	8
" " physiology and hygiene,	3		" " two topics	4	8
" " chemistry	6		" " three "	1	3
" " surgery	2		" " four "	1	4
" " obstetrics	2		" " five "	1	5
" " pathology and diagnosis	11		" " six "	2	12
" " therapeutics, practice and materia medica,	9		" " seven "	0	0
	40				40
Passed with honor					6
Highest general average					$93\frac{9}{10}$

UNLESS Buffalo changes in some of its methods of municipal administration it will make a sad showing to the visitors during the exposi-

tion year. The streets were never in as bad condition as last winter and the poor department never had greater demands upon it for relief than during the same period. Why the board of public works does not direct the employment of the poor in adequate numbers to keep the streets in good order is beyond the ken of the ordinary observer. Perhaps the ancient mariner at the head of the public works department can tell. He may be a very good administrator of affairs on water, but he sadly fails on land, and singularly enough Buffalo for the most part is built upon land.

Why, too, a suffering public is awakened in the early morning anywhere between 4 and 6 o'clock by the garbage collectors with those rattling trucks is difficult to understand. When the visitors come this will be a fine welcome to offer them! So, again, will the church bell nuisance and the factory whistle pandemonium, the fire tug playing its full share, and contributing its full quota to the latter. These are all relics of a past age and belong to a period of municipal puberty that we hope Buffalo had passed through long ago. They have been complained of time and again, all to no purpose and we fear unless the Pan-American directory takes hold of the matter with insistence that we shall present a sorry showing to our guests. The exposition officers just now exert a great influence and we hope they will begin at the bottom in demanding reforms.

PERSONAL.

DR. CHARLES JEWETT, of Brooklyn, professor of obstetrics and pediatrics at the Long Island College Hospital, was, on April 29, 1899, appointed by the trustees to be president of the faculty of that institution—a place made vacant by the resignation of Dr. Alexander J. C. Skene. Dr. Jewett has been a prominent teacher for nearly twenty years and is an author of one of the best books on obstetrics that has been published in English. His election to the presidency of Long Island College Hospital is a well-deserved honor.

DR. THADDEUS A. REAMY, of Cincinnati, was tendered a complimentary dinner, on Friday, April 28, 1899, in celebration of his 70th birthday. It was attended by 170 of his professional friends, with here and there a layman of conspicuous prominence. Among those from nearby cities were Dr. Joseph McDowell Mathews, president of the American Medical Association, and Dr. Lewis Samuel McMurtry,

of Louisville; and Dr. David Barrow, of Lexington. Dr. McMurtry responded to a toast in his usual felicitous manner, the sentiment assigned him being, A pioneer of gynecology.

Dr. Reamy has been a conspicuous character in the drama of medicine for these many years and it must have been one of the proudest moments of his life when he received such a token of respect and affection by 200 of his fellow-citizens and colleagues.

Dr. Wilhelm Gaertner, of Buffalo, has removed his office from 554 Michigan street to 602 Ellicott street, corner of Goodell street. Hours: 8 to 9 a. m., 1 to 2.30 and 6 p. m. Branch office, 244 Goodell street, corner of Cherry and Hickory streets. Hours: 9 to 10 a. m., 2.30 to 4 and 7.30 p. m.

Dr. Marshall Clinton, of Buffalo, formerly assistant surgeon of the 202d Regiment N. Y. V. Infantry, was recently mustered out of the United States' service and has returned to Buffalo. He has resumed the practice of his profession and his office is at the corner of Allen and North Pearl streets.

Dr. Albert H. Macbeth, of Cambridge Springs, Pa., formerly of Buffalo, sailed for Europe, March 25, 1899, on the Cunard liner Campania, to be absent about five months. It is possible Dr. Macbeth may visit the Philippine islands during his absence.

Dr. Burt C. Johnson, of Buffalo, announces that on May 2, 1899, he will remove his office and residence from 274 E. Utica street, to 1404 Main street, near Utica. Hours: 8 to 9 a. m., 1 to 3 and 7 p. m. Telephone Bryant 164 D.

Dr. B. H. Putnam, of North East, Pa., has been appointed surgeon of the Lake Shore & Michigan Southern Railway Company, vice Dr. D. D. Loop, resigned. The appointment took effect April 1, 1899.

Dr. Charles A. Wall, of Buffalo, sailed for Europe by the American line, April 12, 1899, for an absence of four months. He was accompanied by Mrs. Wall and children.

Dr. William House, of Buffalo, has removed from 1106 Main street to 26 Allen street.

DR. J. HENRY DOWD, of Buffalo, has removed his office and residence from number 223 to 288 Franklin street. Hours: 9 to 1. Sundays, 2-4. Telephone.

DR. WILLIAM G. BISSELL, of Buffalo, has removed his office and residence from the Buckingham to 143 Elmwood avenue. Hours: 12-2 and 6-8 p. m.

DR. EDWARD J. MEYER, of Buffalo, took passage for Europe by the North German Lloyd line April 19, 1899. He was accompanied by Mrs. Meyer.

OBITUARY.

CHARLES FAYETTE TAYLOR, M. D., 1827-1899.

THE death of Dr. Charles Fayette Taylor, of New York, ends the career of an American physician, to whom the whole world is indebted for his original and valuable work in orthopedic surgery.

Dr. Taylor was born in Williston, Vt., April 25, 1827, and was educated in the schools of his native town. After a short experience in teaching school, he decided to study medicine and was graduated from the Medical Department of the University of Vermont. After a few years spent in general practice, he began to turn his attention more especially to the treatment of functional neuroses and the correction of deformities. While he did much original work in the former class of cases it was his labors in the scientific advancement of orthopedy, that gave him the reputation he so well deserved. His great ingenuity, skill and wonderful attention to detail in the construction and use of mechanical appliances, were no doubt prominent factors in his successful treatment of deformities. An orthopedic appliance in his hands was an obedient servant directed by a master mind.

The establishment of the New York Orthopedic Dispensary and Hospital was due entirely to Dr. Taylor's efforts. In 1866, after having given a large share of his time and means to the free treatment of the crippled and deformed poor, at his private office, he called the attention of Howard Potter, Theodore Roosevelt and others to the necessity of better facilities for the care of these cases, and the New York Dispensary was founded. Its first home con-

sisted of a single room in a building on Broadway, between 35th and 36th streets. In 1873 it was moved to the first of the buildings now occupied in 59th street. Here Dr. Taylor was the active surgeon for a period of eight years, when failing health compelled him to resign. For many years he also served as orthopedic surgeon to St. Luke's Hospital.

Although a man of ceaseless activity in his chosen field of labor, he found much to interest him outside of it, and never lost an opportunity to learn something from every one with whom he came in contact. His writings give evidence of that great originality of thought. He never wrote without having something to say and hence his works were of special value.

The many sterling qualities of Dr. Taylor's mind has left its impress on his followers and upon the whole profession. His thoroughness, his energy and skill, his kindness of heart and his sincerity and frankness will ever be remembered by those who were fortunate enough to come under his care as patients, and by those who knew him as a true friend and professional counselor, who could always be relied upon.

Dr. Taylor was honored with medals and diplomas at Paris in 1867, in Vienna in 1873 and at Philadelphia in 1876. During his active life he wrote many articles and books, of which The Theory and Practice of the Movement Cure, The Mechanical Treatment of Potts's Disease of the Spine and The Mechanical Treatment of Hip-joint Disease are the best known and may be regarded as classics.

L. A. WEIGEL.

DR. S. O. GLEASON, of Elmira, died in Buffalo early in April. He established the Elmira Sanitarium about fifty years ago, which of late has taken the name of the founder and is called the Gleason Sanitarium. He was for many years professor of chemistry in the Geneva Medical College, and through his influence women were admitted to that institution. His wife, who survives him, was Dr. Rachael Brooks, and his son, Mr. E. B. Gleason, is business manager of the Gleason sanitarium.

SOCIETY MEETINGS.

THE Medical and Chirurgical Faculty of Maryland held its centennial meeting in McCoy Hall, at Johns Hopkins University, April 25-28, 1899, under the presidency of Dr. S. C. Chew, of Baltimore.

Several public receptions were held. Dr. W. W. Keen, of Philadelphia, delivered the annual oration, and among other papers read was one by Dr. Roswell Park, of Buffalo, entitled, Cancer as a parasitic disease. Drs. Jacobi, of New York; George Ben Johnston, of Richmond, and other invited guests also read papers. There were a number of private receptions given, a luncheon was held at Johns' Hopkins Hospital University, and the annual dinner was attended on Thursday evening, April 27th. The Medical and Chirurgical Faculty of Maryland corresponds to the state medical societies in other commonwealths, and it is to be congratulated upon its most successful centennial celebration.

THE section on materia medica, pharmacy and therapeutics of the American Association urges those who desire to read papers in its departments at the Columbus meeting, June 6th to 9th, to send their names and the titles of their papers at once to the secretary, Dr. Leon L. Solomon, secretary, 323 W. Walnut street, Louisville, Ky., who is now making up the final program.

THE third district branch of the New York State Medical Association will hold its next meeting at Elmira, N. Y., June 1, 1899, under the presidency of Dr. F. D. Reese. Several members of the association from other parts of New York State, including the president of the State association, Dr. Joseph D. Bryant, are expected to be present.

Titles of papers to be presented at this meeting should be sent to the acting secretary, Dr. F. W. Higgins, of Cortland, without delay.

THE American Medical Editors' Association and the American Medical Publishers's Association propose holding a joint session at Columbus, O., previous to or during the meeting of the American Medical Association, which latter has been fixed for June 6, 1899.

THE Third International Congress for Gynecology and Obstetrics will take place at Amsterdam, August 8-12, 1899, under the patronage of the Minister of the Interior. The leading questions for discussion will be the following:

(1) The surgical treatment of fibro-myoma. (2) The relative value of antisepsis and improved technic for the actual results in gynecological surgery. (3) The influence of posture on the form and dimensions of the pelvis. (4) The indication for Cesarean

section compared to that for symphyseotomy, craniotomy and premature induction of labor.

The committee has obtained the concurrence as reporters of M. M. Doyen, Howard Kelly and Schauta, who will treat the first question; M.M. Bumm, Richelot and Lawson Tait the second; M.M. Bonnaire, Pinzani and Walcher the third, and M.M. Leopold, Pinard, Pestalozza and Fancourt Barnes the fourth. As regards private communications, preference will be given to those bearing upon the above mentioned leading questions. Time will also be allowed sufficient for any demonstrations kindly afforded by the members. The official languages are: English, French, German and Italian.

The committee is made up as follows: H. Treub, president; J. Veit, vice-president; G. C. Nijhoff, J. P. Barnouw, treasurer; M. A. Mendes de Leon, secretary. The address of the secretary is Sarphatistraat 1H., Amsterdam.

THE American Association of Obstetricians and Gynecologists will hold its twelfth annual meeting at Indianapolis, Tuesday, Wednesday and Thursday, September 19, 20 and 21, 1899, under the presidency of Dr. Edward J. Ill, of Newark, N. J, Dr. Ill has appointed the following-named delegates to represent the association at the Third International Congress of Gynecology and Obstetrics, to be held at Amsterdam, August 8-12, 1899: Dr. J. H. Carstens, of Detroit; Dr. Clinton Cushing, of Washington; Dr. W. E. B. Davis, of Birmingham; Dr. B. Sherwood-Dunn, of Boston; Dr. L. H. Dunning, of Indianapolis; Dr. George Ben Johnston, of Richmond; Dr. L. S. McMurtry, of Louisville; Dr. J. B. Murphy, of Chicago; Dr. Charles A. L. Reed, of Cincinnati; Dr. A. Vander Veer, of Albany and Dr. X. O. Werder, of Pittsburg. The State Department at Washington has also issued credentials to these delegates, duly accrediting them by the signature of the Secretary of State and the seal of the department as representatives of the government at the congress.

THE Mississippi Valley Medical Association has changed the date of its annual meeting from September 12-15 to October 3-6, 1899, inclusive.

The autumn fete to be known as the American festival, will be held in Chicago, beginning September 25th and ending October 9th with the laying of the corner stone of the Federal building when the

President and the Cabinet will be in the city. During this time the railroad fare to Chicago from all points will be a flat one fare rate for the round trip, without the necessity of certificates or signatures. The limit of the tickets is so long that a protracted stay can be made in Chicago in order to take advantage of the clinical facilities of the meeting as well as enjoy the added attractions of the festival.

THE Buffalo Academy of Medicine held meetings during the months of March and April, 1899, as follows:

Section on Obstetrics.—Tuesday evening, March 28th, program: Hemorrhage after labor, Herman E. Hayd.

Section on Surgery.—Tuesday evening, April 4th, program: Acute osteomyelitis, Roswell Park. Discussion by Herman Mynter, Hartwig and others. Report of case, Chauncey Pelton Smith.

Section on Medicine.—Tuesday evening, April 11th, program: Hereditary syphilis, A. E. Diehl. Nasal and cranial diseases, Wm. C. Krauss.

Section on Pathology.—Tuesday evening, April 18th, program: All members were invited to join in a discussion of the relations between renal elimination and general disease. The discussion was opened by Drs. Thomas B. Carpenter, Henry Ingraham and Edmond E. Blaauw.

Section on Obstetrics.—No meeting was held Tuesday evening, April 25, 1899, on account of the commencement exercises of the University of Buffalo.

THE Niagara Falls Academy of Medicine held its regular meeting at the office of Dr. Guillemont, Monday evening, May 1, 1899, at which time Dr. F. T. Jenkins read a paper. At the April meeting the following nominations were made for officers for the ensuing year: President, Drs. Scott, McBrien and LeoWolf; vice-president, Drs. Guillemont and Falkner; secretary, Drs. LeoWolf, Scott and McCarty; treasurer, Drs. LeoWolf, Scott and McCarty; trustees, Drs. Bingham and Hall.

A CONGRESS for the study of tuberculosis will be held in Berlin from May 24 to 27, 1899. This congress, under the protectorate of the Empress of Germany, will go into a thorough study of the extent, etiology, prophylaxis, therapy and segregation of tuberculosis and

promise results of greatest value and import. The meetings are to be held in the Reichstag building, under the presidency of Prince Hohenlohe, the chancellor, and Professor E. von Leyden and Dr. Pannwitz, secretary. Two meetings will be held each day, at 9 a. m. and 2 p. m. The bureau of the organisation will be at Wilhelm Platz, 2 Berlin W.

RECTAL SPECIALISTS.—At the time of the meeting of the American Medical Association at Columbus, June 6-9, there will be a meeting of the medical men engaged in the practice of proctology, for the purpose of effecting a permanent society for the study of their specialty. Physicans interested in the project are requested to address Dr. Wm. M. Beach, 515 Penn avenue, Pittsburg, Pa.

THE American Climatological Association will hold its sixteenth annual meeting at the Academy of Medicine, New York City, May 9, 10 and 11, 1899, under the presidency of Dr. Beverly Robinson, of New York. An exceedingly interesting and elaborate program has been prepared and pleasant social entertainments have been provided. These latter are as follows: The members are invited to luncheon daily at the close of the morning session at the Academy of Medicine; Mrs. Beverly Robinson will receive wives of the members at her residence, 42 West Thirty-seventh street, on May 9th, from 4 to 6 o'clock; a smoker will be tendered the association at Delmonico's on the evening of the first day, May 9th, from 9 to 12 p. m., and the annual dinner will be served on the evening of the second day, May 10th, at 7 o'clock, at the Hotel Manhattan. An excursion to the Loomis Sanitarium, at Liberty, N. Y., has been arranged for May 11th, the third day of the meeting. Members of the profession are cordially invited to attend the meetings of the association. Dr. Guy Hinsdale, of Philadelphia, is the secretary.

COLLEGE AND HOSPITAL NOTES.

THE Medico-Chirurgical College petitioned the Common Pleas Court, No. 3, for leave to amend its charter so as to grant the diplomas and degrees in dental surgery, etc. This was resisted by the Philadelphia Dental College on the ground of want of authority to do so and other technical grounds. The Common Pleas Court decided in favor of the Medico-Chirurgical College and the Dental College took an

appeal from this decision. The Supreme Court, in an opinion by Justice Deab, has lately confirmed the decision of the lower court and dismissed the appeal. Under this decree of the Supreme Court the college will resume its former functions and grant degrees in dental surgery.

DRS. JELKS AND HOLLAND, editors of the *Hot Springs Medical Journal*, opened the Ozark Sanatorium, Hot Springs, Ark., March 15th, for the reception of patients. The building is four stories high, with hydraulic elevator. It has bath tubs on each floor, and a large bath room in the basement. It has a government hot water privilege and the sanitary and hygienic arrangements of the building are perfect. It has a well-appointed surgical department, fitted up with the latest appliances, the operating room of which has been constructed with great care and has not a superior in the west.

Especial care will be taken to provide for patients who need dietetic treatment. The sanitorium building is surrounded by verandas, and has large grounds, beautifully shaded with forest trees, affording ample opportunity for fresh air and exercise. Trained nurses are in constant attendance and the institution is in charge of a competent matron.

THE Buffalo General Hospital has been the recent recipient of a pleasant surprise. This was a gift of $5,000 from Mrs. Isabella Higgins Moore, of Bethlehem, Pa. This money is to be invested and the interest therefrom is to be used for the maintenance of a bed to be known as the "Higgins Memorial Bed." The trustees, in accepting the gift, expressed their appreciation of Mrs. Moore's deep interest in the work of the hospital.

The hospital has also received a gift of $1,000 by the will of Milo R. Eames. A resolution was passed thanking the executors and family.

Through the efficient services of the Hon. D. S. Alexander, the hospital has secured about $1,850.00 in payment by the general government for the care, medical treatment and nursing of the sick soldiers who returned from camp last fall.

THE Buffalo State Hospital finds itself sadly embarrassed by the lack of proper land area. The State Lunacy Commission and the trustees of the hospital have come to the conclusion that the hospital grounds are not large enough for any additional buildings. This

year only sufficient money will be set aside to make the necessary repairs and for the proper maintenance of the hospital.

Dr. A. W. Hurd, the superintendent, is frequently complimented for the record he is making at the hospital. The institution ranks amongst the highest throughout the country. During the past year the average cost for keeping each patient was only $3.34 per week, one of the lowest in the state. This average was the lowest ever attained by the hospital.

The trustees of the hospital are trying to rent a small farm in the vicinity of Buffalo. The pasturage on the state farm is very poor and the trustees believe it would be a good business investment to rent a small farm and quarter a limited number of patients on it to take care of the cows and swine.

THE Medical Department of the University of Buffalo announces a change in its teaching chairs to take effect at the commencement of the ensuing academic year. Until a short time ago the faculty consisted of seven members. Each member was a professor in a certain branch of medical science. One chair, which was filled by the professor of physiology, will not be represented in the faculty hereafter. At a recent meeting of the trustees of the University it was decided to divide the chair of materia medica and clinical medicine and appoint a professor for each division.

Dr. Eli Long has been elected professor of the separate chair of materia medica, while Dr. Pohlman will continue to be professor of physiology in the University. Under the new rules of the University it will not be necessary for the professor of physiology to be a member of the governing faculty.

SYRACUSE University has been making rapid strides during the past five years. The 1898-99 catalogue, which has just been issued, shows marvelous development in every department during the past twelve months. When the administration of Chancellor Day began five years ago there were less than 600 resident students. The present number of students in the four colleges—liberal arts, fine arts, medicine and law—is 1,152, which shows an increase of 60 over last year. No better evidence of the growth of Syracuse University is needed than the increase in size of the new catalogue. Five years ago the catalogue numbered only about 100 pages. The new catalogue contains 252 pages.

The increase in the faculties corresponds with the increase in the number of students and general growth of the university. The faculty numbers 132 members, an increase of 11 over last year. Slight changes have been made in the curriculum of the College of Medicine which includes four years' study.

Book Reviews.

RAILWAY SURGERY. A Handbook on the Management of Injuries. By CLINTON B. HERRICK, M. D., Troy, N. Y., Lecturer in Clinical Surgery, Albany Medical College; Attending Surgeon to the Troy Hospital and the House of Good Shepherd; Consulting Surgeon to the Leonard Hospital; Surgeon to the Delaware and Hudson and the Fitchburg Railways; President of the New York State Association of Railway Surgeons. New York: William Wood & Co. 1899.

THE TREATMENT OF WOUNDS. Its principles and practice, general and special. By LEWIS STEPHEN PILCHER, A. M., M. D., Surgeon to Methodist Episcopal Hospital, New York; late passed Assistant Surgeon, U. S. N., Fellow of the American Surgical Society, etc., etc. With 142 engravings. New York: William Wood & Co. 1899.

It is seldom that a publishing house puts forth two volumes which are so unlike, yet so companionable. Here are two works on surgery which are well-nigh indispensable to the young practitioner, and, forsooth, they would not be out of place among the every-day books of some of the older workers. They make no pretense to being exhaustive works on general surgery. They are just what their titles indicate them to be—excellent works on special subjects. The great fault of general surgery works is that an effort is made to cover too much ground. Such volumes as these cover their subjects thoroughly and intelligently without an accompanying brass band display of pathological findings and surmises. In his work on Railway Surgery, Dr. Herrick starts off well and properly. He knows his subject, he tells what he knows and he tells it in an easy manner. There are none of the throes of literary genius visible. He briefly sketches the history and statistics of railroad operations and attending casualties. He advises regarding first aid and explains hospital car management. The manner in which various railroad wounds are received, is shown by photo-engravings, and the forces at play in wound production are shown by engravings and explained in the text. From this point on, matters are handled in a masterly manner. The nature, appearance, history and diagnosis of railway wounds includes many slow and fast train injuries and in this section, which is handsomely illustrated by half-tone reproductions, are many interesting statements of the result of injuries. Following this the author treats of shock, primary treatment of wounds, transportation of the wounded, the surgeon's outfit, anesthetics. Then are taken up definite injuries: cuts, bruises, burns, scalds, sprains, dislocations, with diagnosis, treatment and prognosis;

wounds of the face and scalp; fractures of the skull, ribs, vertebræ, pelvis, jaw and clavicle and of the extremities, with method of treatment and prognosis, showing casts and splint arrangements in half-tone plates. One of the most important chapters is that on injuries to the hands and fingers and why, when, where and how to amputate. The illustrations here are most instructive. They teach in small space a great deal more than could be taught in pages and pages of writing.

Internal injuries and spinal cord injuries are carefully considered and then Dr. Herrick goes into the question of traumatic neurasthenia —a most important one for the consideration of a railroad surgeon. The closing chapters deal with jurisprudence in railway surgery, the examination of employees and car sanitation and disinfection.

Dr. Pilcher's previous work on wound treatment is so well-known that this new up-to-date volume needs nothing at the hands of a reviewer in the way of introduction and mighty little in the way of commendatory writing. The work is summed up in a sentence in the introduction: "The stage of novelty and of disputatious discussions as to the fundamental facts of the new surgery has passed. The chief interest of to-day gathers about questions of how to most perfectly bring practicable results in the ever varying and widely differing conditions in which wounds present themselves for treatment."

The work is divided into parts dealing with wounds in general and special wounds. Under the first heading the principles and practice of wound treatment are dealt with, and there is everything here about wounds, their treatment, complications and repair. Nothing is overlooked, everything is handled in a most masterly manner, and one feels wiser after reading. The special wounds of the second part of the book include gunshot wounds and wounds of muscles, tendons, nerves, blood-vessels and bones. The chapters on wounds of special regions are interesting from every view point.

Method, apparatus and positions are excellently illustrated throughout the work, especial attention being given to gun-shot wounds and the balls that produce them.

There is just enough pathology and bacteriology given to round out the general scope of the work and give the volume a completeness which otherwise would be lacking. Whatever is known of wounds and wound treatment can be found in Dr. Pilcher's work, and as a working reference book it will prove simply invaluable.

N. W. W.

CLEFT PALATE; Treatment of Simple Fractures by Operation; Diseases of Joints; Antrectomy; Hernia, etc., etc. A series of Clinical Lectures. By W. ARBUTHNOT LANE, M. S. Duodecimo. pp. 278. From the author. The Medical Publishing Company—Limited (Clinical Journal Office). 1898.

Here is a volume, small, neat, handy, which a busy man may pick up at odd times and find interesting. It is a literary nosegay, made

up of fragrant blooms gathered in the garden of surgery. Mr. Lane's way of bunching up a handful of subjects is delightfully, refreshingly informal. As a matter of fact, this little volume has no name. Its title page contains simply this: "Cleft palate, treatment of simple fractures by operation, diseases of joints, antrectomy, hernia, etc., etc.," these and a few other surgical matters being lectures delivered by Mr. Lane at various times. While we may not agree with his views in every case, we must admire his delightful manner of expressing himself and the genuine ring of confidence which marks all his lectures. Cleft palate is spoken of at length and very cleverly handled and is profusely illustrated. Surgical procedure is carefully detailed in all his lectures and whenever possible is illustrated with drawings.

The lecture on acquired deformities is extremely interesting and includes "knock-knee, flat-foot, lateral curvature and dorsal excurvation"

Valuable and of interest are the lectures on mechanical or traumatic arthritis and tubercular affections of the joints. The lecture on treatment of simple fractures by operation is interesting, because it details the methods of operative procedure. Mr. Lane lectures this time secure in the belief that almost every simple fracture of long bones called for operative interference. While screwing, nailing or wiring together of fractures is required in some cases, American surgeons do not yet consider it necessary in every case. N. W. W.

CONTRIBUTION TO ORTHOPEDIC SURGERY. By A. SYDNEY ROBERTS, M. D., late Surgeon to the Philadelphia Hospital; Orthopedic Surgeon to the Out-Patient Department in the University Hospital; Instructor in Orthopedic Surgery in the University of Pennsylvania; Out-Patient Surgeon to the Episcopal Hospital; Fellow of the College of Physicians of Philadelphia and of the American Orthopedic Association; Member of the Pennsylvania State Medical Society, Philadelphia County Society, Pathological Society, Neurological Society, etc., With a brief Biographical Sketch, by James K. Young, M. D., Professor of Orthopedic Surgery, Philadelphia Polyclinic; Professor of Orthopedic Surgery, Woman's Medical College, etc. Illustrated, pp. 300 Philadelphia: William J. Dornan, Printer. 1898. From the Editor.

This volume is a rare jewel in more ways than one. It is a splendid contribution to orthopedics, a grouping of masterly, clear cut gems; it is a monument erected by a devoted friend to the memory of one whose work has been cut short by death In this latter respect it is a mark of friendship and gratitude too infrequently shown.

In his preface Dr. Young says: "The present collection is undertaken for private distribution only, for the sole purpose of increasing the interest in the subjects of which it treats, and is prepared by the editor as a debt of gratitude for many past kindnesses."

The introduction written with a deep sense of gratitude and reverence by Dr. Young is a fitting bit of work for such a collection. Dr. Young calls attention to the custom among the members of the bar of holding a general bar meeting, presided over by a judge to pay tributes to a dead member, and regrets that no such custom obtains in the medical profession.

"In lieu of such a custom," writes Dr. Young, "it seems highly fitting that I. as pupil, friend, successor, upon whom in some measure his mantle has fallen, should pay my tribute to the sacred memory of the departed. When one of the medical profession whose ability and attainments mark his individuality preëminent passes into eternity, those who linger make a note of his scholarly attainments and professional skill and emulate his many virtues."

A sketch of Dr. Roberts's life is given in narrative form. It tells of his studies with Dr. W. W. Keen and of his graduation in 1877 in a class which numbered among its members James M. Anders, Joseph Price, Thomas H. Fenton, Rush D. Huidekoper, William Hobson Heath, of Buffalo, who is now professor of genito-urinary diseases in the Medical Department of the University of Buffalo; John H. Musser, Andrew J. Parker and George A. Piersoll.

Dr. Roberts's labors in orthopedics were begun at the suggestion of Dr. S. Weir-Mitchell. It was through his personal efforts that the orthopedic shop in the University Hospital was organized. The continuation of this shop and the furnishing of free apparatus to the poor is secured by the A. Sydney Roberts Apparatus Fund, endowed by Dr. Roberts's family.

From this point on Dr. Young pays tribute to Dr. Roberts in graceful language and tells of his many manly qualities and his deep and lasting friendships. Reference to his professional abilities is made without gush, without slathering praise. His work is spoken of in earnest admiration and his death is referred to with touching simplicity.

The works of Dr. Roberts which are printed are very complete and most valuable as contributions to surgical literature. They are: Club-foot: Talipes; Potts's Disease; The Spinal Arthropathies; Clinical Lectures on Orthopedic Surgery; Flat-foot: A new plantar spring for its relief; Chronic Articular Osteitis of the Knee-joint and description of a new mechanical splint; Deformity of the Fore-arm and Hands.

Dr. Young has paid a graceful tribute to a dead friend and has made in his introductory remarks a suggestion which is worthy of adoption: that the medical profession should follow the example of the legal profession and publicly pay tribute to dead fellow-workers.

N. W. W.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the Use of Practitioners and Students of Medicine. By WILLIAM OSLER, M. D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University and Physician-in-Chief of the Johns Hopkins Hospital, Baltimore. Third edition, entirely revised and enlarged. New York: D. Appleton & Co. 1898.

In the March, 1896, number of the JOURNAL appeared a careful review of the second edition of this valuable work and now after a period of three years a third edition is found necessary. The advances made in medicine since the first edition appeared in 1892,

has called forth an entire recast of the material, and this edition differs materially from the former editions. Some articles have been entirely rewritten or appear for the first time, such as berriberi, bubonic plague, vaccination, cerebro-spinal fever, malta fever, yellow fever, dengue, influenza, leprosy, glandular fever, gonorrheal infection, gastric neuroses, jaundice, cirrhoses of the liver, diseases of the bile passages, enteroptosis, diseases of the pancreas, thymus, spleen, encephalitis, lymphatism, erythromelalgia and neurasthenia. In the sections on typhoid fever, tuberculosis, rheumatic fever, diabetes, gout, arthritis deformans, parasitic diseases, diseases of the blood, heart, lungs and kidneys much new matter has been incorporated. The chapters on diseases of the nervous system have been rearranged and an attempt has been made to group the diseases in accordance with the modern conceptions of the anatomy and functions of the parts.

The size of the volume is larger somewhat than the preceding editions, the paper heavier and better and a new font of type, furnished by the publishers, thus making it superior in make-up, as well as in contents, to its predecessors.

THE ORIGIN AND PROGRESS OF RENAL SURGERY. With special reference to Stone in the Kidney and Ureter, and to the Surgical Treatment of Calculus Anuria; being the Hunterian Lectures for 1898, together with a Critical Examination of Subparietal Injuries of the Ureter. By HENRY MORRIS, M. A., M. B. Lond.; F. R. C. S.; Senior Surgeon to the Middlesex Hospital; Examiner in Surgery in the University of London; Member of the Council and Chairman of the Court of Examiners of the Royal College of Surgeons of England; Hunterian Professor of Surgery and Pathology, Royal College of Surgeons of England; Honorary Member of the Medical Society of the County of New York. Philadelphia: P. Blakiston's Son & Co. 1898.

This collection of lectures is a most valuable acquisition to surgical literature. There is no straining for effect in the work. It is alike of interest to the general practitioner and the specialist.

The book is made up of four lectures as follows: I. On the origin and progress of renal surgery and the conservative tendency of its recent development. II. Renal calculus: The difficulties and errors in diagnosis in their relation to exploration of the kidney--unsuspected, quiescent and migratory calculi. III. Fistula, caused by renal calculus; obstructive anuria, due to renal calculus; the technique of the exploration of the kindey and ureter for calculus. IV. Injuries of the ureter.

Added to these lectures are eleven sets of tables, covering 267 operations performed on the kidney by Mr. Morris and a number of operations for calculus anuria. This combination, historical, tabular and operative, of facts relative to the kidney makes the work especially valuable as a reference. In these days of ambidextrous surgery we must keep well apace with all branches and no recent work so completely and yet so briefly covers the field as this. Not only does Mr. Morris tell in simple, interesting language how to

diagnose, but he goes on and tells just as simply how to operate, the lectures being splendidly illustrated.

A considerable part of the third lecture is devoted to calculus anuria. In view of the fact that this type of anuria is too seldom recognised and so little known, Mr. Morris has performed a distinct service to the profession in dealing so extensively with it. The advantages which the surgical treatment affords are so conclusively shown that one naturally wonders why it has not formed the subject of special effort long before this.

After briefly and entertainingly sketching the history of renal surgery from the date of its first known discussion in 1581, by Francois Rousset, up to the present time, the author describes operations for ureterotomy, resection, ureterectomy, anastomoses and grafting. He does not confine himself to his own methods by any means, but illustrates and describes the operations of other eminent surgeons and allows the reader to judge for himself as to which is best.

A great deal of information is given in the sections devoted to etiology, pathology and treatment of calculus, and the technique for operations on the kidney and ureters. The latter subject is so clearly set forth and so admirably handled that it is easily grasped and clearly understood. Mr. Morris has the happy faculty of making himself understood, a gift too infrequently possessed by writers on special subjects. He impresses the reader from the very first and holds attention to the end. Even the tabulations, usually such caviare affairs, with a sort of a hair tonic taste, are interesting because they show results in such a manner as to arouse interest. More such works on special surgical subjects would make the reading-life of the student less weedy.

N. W. W.

PROGRESSIVE MEDICINE. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M. D. Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Philadelphia and New York: Lea Brothers & Co. 1899.

This volume presents the advances in medicine in a most novel and interesting—we had almost said—fascinating manner. It differs very materially from the usual crop of year books that the physician is importuned to purchase, in that it is not a mere collation of material but is a well-digested, interesting narrative of medical progress for a quarter of a year—the design being to issue four volumes annually.

In this first volume are considered questions relating to the surgery of the head, neck and chest; to diseases of children; to pathology; to infectious diseases, including croupous pneumonia; to laryngology and rhinology, and to otology.

The contributors to this volume are: Alexander D. Blackader, J. Chalmers DaCosta, Ludwig Hektoen, Robert L. Randolph, William Sidney Thayer and A. Logan Turner. These will be recog-

nised as men competent to tell the story of medical progress each in his special line—the whole under the editorship of Professor Hobart Amory Hare, one of the most distinguished medical literateurs of the day and one thoroughly competent to judge of the needs of the busy practitioner of medicine.

This first volume is a substantial octavo of nearly 500 pages, printed on heavy book paper, well illustrated and put together in a handsome as well as enduring manner. We predict a large demand for the work, as the yearly price for the set of the four volumes is but ten dollars—a quite nominal sum considering the amount and value of information supplied and the fashion in which it is dressed.

A MANUAL OF VENEREAL DISEASES. By JAMES R. HAYDEN, M. D., Chief of Venereal Clinic, College of Physicians and Surgeons, New York; Professor of Genito-urinary and Venereal Diseases in the Medical Department of the University of Vermont, etc. In one 12mo volume of 263 pages, with 47 engravings. Philadelphia and New York: Lea Brothers & Co. 1898.

This the second edition of Hayden's succinct and clear exposition of venereal diseases has come to be looked upon with much favor, as it is but a short time since the first edition was put upon the market. The author has made a general revision of the subject-matter, bringing it down to the very latest researches with the keen acumen of the writer in judging between safe and unsafe measures in treatment; its recommendations, therefore, in regard to therapeutics are valuable and trustworthy.

A volume like the present, affording the student and practitioner a grasp of the best views and methods of this special department, performs a widespread and humane service.

DISEASES OF THE EAR, NOSE AND THROAT, AND THEIR ACCESSORY CAVITIES By SETH SCOTT BISHOP, M. D., D. C. L., LL. D., Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, etc. Second edition, thoroughly revised and enlarged. Illustrated. Philadelphia: The F. A. Davis Company. 1898.

This is a concise, well written manual, admirably suited to the needs of the student. The subjects are systematically and clearly presented and the work embraces the essentials of otology, rhinology and laryngology as understood at the present time. The illustrations are numerous, many of them being colored, and serve to make the text more easily understood. To the student who desires a compact and trustworthy text-book on diseases of the ear, nose and throat in one volume, this work is to be commended. A. A. H.

THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION. By AURELIO BIANCHI, M. D., Professor of Preparatory Clinical Medicine and of Pathology, at Parma, Italy. With 37 illustrations. Translated by A. GEORGE BAKER, A. M., M. D.; Physician-in-chief of the Chinese Medical Dispensary, Philadelphia. Octavo, pp. 77. Philadelphia: George P. Pilling & Son. 1898.

This work is written by the inventor of the phonendoscope, Professor Bianchi. It is well illustrated and will be found helpful to those desiring to acquaint themselves with this instrument and to become expert in its use.

BOOKS RECEIVED.

Urinary Analysis and Diagnosis by Microscopical and Chemical Examinations. By Louis Heitzmann, M. D., New York. One volume, 270 pages, 8vo, 108 original illustrations. Price, muslin, $2.00 net. New York: William Wood & Company. 1899.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, F. R. S. New (sixteenth) edition. In one royal 12mo volume of 784 pages, with eighty-eight illustrations. Cloth, $2.50 net. Philadelphia and New York: Lea Brothers & Company.

The International Medical Annual and Practitioner's Index. A work of reference for modern practitioners. Seventeenth year. New York: E. B. Treat, 241–243 W. 23d street. 1899.

Annual and Analytical Cyclopedia of Practical Medicine. By Charles E. de M. Sajous, M. D., and 100 associate editors. Assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume III. Dislocations to Infantile Myxedema. Philadelphia, New York and Chicago: F. A. Davis Company. 1899.

The Serum Diagnosis of Disease. By Richard Cabot, M. D., Physician to Out-patients, Massachusetts General Hospital. Small 8vo, pp. vii—154. New York: William Wood & Company. 1899.

The Pathology and Treatment of Sexual Impotence. By Victor G. Vecki, M. D. From the author's second German edition, revised and rewritten. Duodecimo, pp. 291. Price, $2.00 net. Philadelphia: W. B. Saunders. 1899.

An Essay on the Nature and the Consequences of Anomalies of Refraction. By F. C. Donders, M. D., Late Professor of Physiology and Ophthalmology in the University of Utrecht. Revised and edited by Charles A. Oliver, M. D, one of the attending physicians to the Wills' Eye Hospital, etc. Illustrated. Price, $1.25. Philadelphia: P. Blakiston's Son & Company. 1899.

Retinoscopy (or shadow test) in the Determination of Refraction at One Meter Distance, with the Plane Mirror. By James Thorington, M. D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third edition, revised and enlarged. Forty-three illustrations. Price, $1.00. Philadelphia: P. Blakiston's Son & Company. 1899.

Surgical Nursing. By Bertha M. Voswinkel, Graduate of Episcopal Hospital, Philadelphia; late nurse-in-charge of Children's Hospital, Columbus, O. Second edition, revised and enlarged, with 112 illustrations. Price, $1.00. Philadelphia: P. Blakiston's Son & Company. 1899.

The Anatomy of the Central Nervous System of Man and of Vertebrates in General. By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by Winfield S. Hall, Ph. D., M. D., Professor of Physiology in the Northwestern Medical School, Chicago. Assisted by Philo Leon Holland, M. D., Instructor in Clinical Neurology in the Northwestern University Medical School, and Edward P. Carleton, B. S., Demonstrator of Histologic Neurology in the Northwestern University Medical School, Chicago. Illustrated with 258 engravings; 6½ x 9½ inches; pp. xi. - 446. Extra cloth, $3.00. The F. A. Davis Co., Publishers, 1914–16 Cherry street, Philadelphia.

Atlas of External Diseases of the Eye. By Dr. O. Haab, of Zurich. Edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 100 colored illustrations. Price, $3.00 net. Philadelphia: W. B. Saunders. 1899.

Practical Materia Medica for Nurses, with an Appendix. Containing Poisons and their Antidotes, with Poison Emergencies, Mineral Waters, Weights and Measures, etc., etc. By Emily A. M. Stoney, Graduate of the Training School for Nurses, Lawrence, Mass., etc., etc. Duodecimo, pp. 306. Price, $1.50 net. Philadelphia: W. B. Saunders. 1899.

The Principles of Bacteriology. A practical manual for students and physicians. By A. C. Abbott, M. D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania, Philadelphia. New (fifth) edition, enlarged and thoroughly revised. Duodecimo, 585 pages, 109 illustrations, of which twenty-six are colored. Cloth, $2.75 net. Philadelphia and New York: Lea Brothers & Company.

LITERARY NOTES.

THE *Therapeutic Digest* closed with last month's issue on account of the death of the business manager, and the recent and continued illness of the editor.

LEA BROTHERS & Co., medical publishers, Philadelphia and New York, announce the early publication of Gerrish's anatomy by American authors. Its editor, Prof. F. H. Gerrish, of Portland, has selected as his fellow contributors leading anatomists throughout the country, restricting their number to accord with the best division of the subject. The list includes Professors Bevan, of Rush Medical College; Keiller, of the University of Texas; McMurrich, of the University of Michigan; Stewart of the University Bellevue College, New York; Woolsey, of Cornell Medical College, and the editor.

The plan of the work is to reserve its space for those portions of anatomical knowledge which are necessary to the intelligent study of physiology, surgery and internal medicine. Pictorially it will be the most lavish work yet offered. The engravings number about 1,000, their size is large enough to make visible every detail, colors have been employed more liberally than ever before, and lastly the labels of the parts have been conspicuously engraved upon them whereby a glance gives not only their names, but also their position, extent and relations, obviating entirely the slow, toilsome and wasteful mental processes necessitated where only reference letters are employed.

THE *International Review* of Rhinology, Otology and Laryngology has been enlarged by the addition of a new department, called experimental phonetics. The progress of phonetics in the past has been closely allied with the progress of physiological linguistics. Special physicians by their observations on the organs of the voice in their normal and pathological conditions have already rendered the greatest service, and it has seemed to the editor of the *Review* and

also to the director of the laboratory of experimental phonetics of the College of France, that it would be beneficial, both to linguists and special physicians to establish such a department in this journal. The *Review* thus enlarged contains about 80 pages.

THE Medical Society of the County of Kings has published its history, which embraces the official program of the Greco-Roman Festival to Asklepios and Esculapius, given under the auspices of the woman's auxiliary to the building committee. It is an elaborately illustrated brochure, handsomely printed and bound, and reflects great credit upon the press committees, Mrs. Havens Brewster Bayles, business chairman, and Mrs. Homer L. Bartlett, literary chairman. We could wish that the Medical Society of the County of Erie would demonstrate a like commendable enterprise and proceed to the erection of a building of its own. What a splendid way it would be to inaugurate the beginning of a new century, and how dignifiedly the medical profession could, with such a building, entertain the physicians who will visit Buffalo during the Pan-American exposition.

THE Antikamnia Fetation and Parturition Chart is a useful reference tablet, illustrated in color from drawings made by the late Dr. Louis Crusius, of St. Louis. It begins with the date of fertilisation and carries the development of the fetus on to term. The drawings possess great anatomic accuracy and the accompanying descriptions are all that could be desired. An excellent parturition table is found at the end of the chart. It can be obtained by any accredited physician upon addressing the Antikamnia Chemical Company, 1723 Olive street, St. Louis.

ITEMS.

AT THE Paris exposition next year an American boarding house, or as they prefer to call it in France, a "pension" is to be opened for the special benefit of medical men and their families who visit the exposition. Professor Wisner and his wife, whose venture it will be, are natives of France, who have been long resident in New York City, and who are well and favorably known to many medical men there. They have taken a mansion near the Bois de Boulogne, and will have it fitted up in such a way as to afford superior accommodation for their guests. A number of prominent American doctors have

already engaged apartments from the professor, and it is hoped the house will become the headquarters of the members of the medical profession and their families during their stay in the French capital. Professor Wisner would be pleased to hear from other prospective visitors before leaving for Europe. For the present he may be addressed 605 Madison Avenue, New York City.

BUREAU OF THE MEDICAL PRESS.—It has long been a subject of comment that the medical journals were slow to appreciate the advantages and benefits to be derived from a representation at the National and Medical society meetings, and, indeed, exhibiting an indifference in reporting the proceedings. The fact that a half dozen journals are rarely seen at the meetings of the American Medical Association, surely reflects little credit upon the enterprise of our medical publishers. It seems, however, to have an explanation in the matter of expense. Unless the publisher or editor has the leisure time to attend the meeting himself, it is difficult to secure a representative who will do justice to the publication, to say nothing of the expense of sending him and maintaining quarters during the session. Still there is no question that the society meeting affords the very best opportunity for a journal to get in touch with both the profession and the advertiser, and this plan, if systematically followed, will ultimately insure a degree of success unattainable in any other way. We are, therefore, pleased to announce that the bureau service, inaugurated by Mr. Chas. Wood Fassett, several years ago, will be continued at the American Medical Association meeting in Columbus, June 6 to 9, 1899. A catalogue edition of the *American Medical Journalist* will be issued, containing a descriptive index to the medical periodicals and reference books contained in the bureau, and advertising matter of various kinds will be distributed for members.

STATE OF NEW YORK CIVIL SERVICE EXAMINATION.—An open competitive examination for the position of medical interne (homeopathic and regular) in the state hospitals, will be held in various cities throughout the state on May 27, 1899. Salary of the position, $600 per annum and maintenance.

Also an examination for assistant in dietary experiments, lunacy commission; salary $100 per month. Intending competitors must file applications in the office of the commission on or before May 22d. For application blank and detailed circular address the secretary, New York Civil Service Commission, Albany, N. Y.

MESSRS. REED AND CARNRICK on April 1, 1899, removed their business from 426-428 West Broadway, N.Y., to their commodious new factory building, Nos. 42, 44 and 46 Germania avenue, Jersey City, N. J. Their post-office address is P. O. Box No. 3042, New York City.

THE *Kansas City Medical Index* and *The Kansas City Lancet* has been consolidated under one management. By this arrangement Dr. John Punton becomes editor-in-chief and associated with him are twelve well known physicians and surgeons of Kansas City. In future all correspondence, exchanges, etc., intended for these consolidated journals should be sent to the editor, 600 Altman building, Kansas City, Mo.

THE subject of substitution as sometimes practised by dispensers of medicine is one in which every physician is interested. We print the following correspondence as bearing upon the question and which sufficiently explains itself without comment on our part:

CITY OF ST. LOUIS, HEALTH DEPARTMENT.
MAX C. STARKLOFF, M. D., Health Commissioner.

M. J. BREITENBACH CO., 100 Warren street

QUARANTINE P. O., MO., October 30, 1898.

Dear Sirs—It has been brought to my notice that . . . . . are introducing an iron and manganese preparation, and their literature would make it appear that I had expressed a favorable opinion upon their product, by reference made to the *American Therapist*, page 258, 1896. The article in question was in reference to "Gude's Pepto-Mangan," and was not intended to cover all of the so-called iron and manganese preparations, and as this article and clinical report was written solely upon pepto-mangan (Gude), I in a manner hold you responsible for it, and will be greatly obliged if you will take the time and trouble to *deny* the misleading statement of . . . . and place me right in the eyes of the profession.

In the article referred to I was very careful to specify Gude's preparation, with this knowledge and object in view when it was written. It is ridiculous to suppose that I would express a favorable opinion upon a preparation, that I positively assure you that I have never seen or heard of. Feeling assured that you will do all in your power to grant my request in this matter,

I remain, yours very truly,
M. C. WOODRUFF, M. D.

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Original Communications.

REPORT OF A CASE OF ACUTE NEPHRITIS IN AN INFANT.—PROBABLE CAUSE SACCHARIN.

BY G. A. HIMMELSBACH, M. D., Buffalo, N. Y.,

Assistant attending physician, Buffalo General Hospital; attending physician, Erie County Hospital.

ON THE morning of Tuesday, January 18, 1898, I was called to see baby E., aged 14 months. Upon arrival, I found the child in his crib presenting a picture of anemia, with considerable lassitude. I learned upon questioning the parents that the baby had not been feeling perfectly well for a few days past, that the same morning he had been down stairs, sat in his high chair at the breakfast table and was playful; it was evident to the parents, however, that the child was ailing. I also learned that the little one had been a sufferer from chronic constipation almost since birth, and for the past few days the bowels had been exceptionally sluggish and slow in responding to laxatives. The father, who is a physician, had given the matter attention and had washed out the bowels and administered purgatives. The temperature was 99½°; pulse, 150; respiration, 42. The child was very anemic, but allowance had to be made because his natural color was very pale, his skin and hair fair.

Owing to the acceleration of the respiration, I made a careful examination of his chest, but with a negative result, the lungs were perfectly clear, normal vesicular breathing in all parts; the cardiac sounds were smooth and well-balanced, the abdomen was soft and relaxed, the organs were easily palpated; no tympany. My attention was called to a stool the parents had saved; it was formed, dark green in color, but not of an offensive odor. I concluded my patient was suffering from some form of toxemia, and it was my belief that the torpidity of the bowels was responsible for it. I learned that the child had been absolutely breast-fed until about two months

1. Read before the Buffalo Academy of Medicine, March 14, 1899.

before, when the natural food supply had become insufficient, and a modified preparation of cow's milk was given besides, consisting of pure cow's milk, crystal water, cream and saccharin; the proportion of these various constituents was varied from time to time as the child grew older. I was informed that on the Thursday preceding my call the breast supply was completely cut off, and that since that time it had been fed exclusively on the modified cow's milk, under strict directions. This fact of weaning the child and the substitution of artificial food, strengthened me in my belief that the bowels and the nature of the food were the causes of the illness. The father told me that he had examined the urine ten days before and found it normal.

The food was taken away at once, albumin water and brandy substituted; calomel in small doses and bismuth were administered internally, and the bowels were washed with a high-up enema. At six o'clock of the same day, I was called again and was told that the child was worse. It was agreed then to have assistance and counsel accompanied me. Upon entering the room I was struck with the marked change which had taken place since my visit at noon; the child was now more profoundly anemic, eyes sunken and deep creases about the face, which were not present at noon; it was dull and listless. All this betokened danger. The history, related before, was given in detail to the counsel and he examined the child carefully; he expressed as his opinion that it was suffering from some form of toxemia, but there were so many symptoms of the case that were conflicting and inharmonious, that he asked for further assistance. This was agreed upon and counsel No. 2 was called.

The case was presented to him, and after a thorough examination he gave as his opinion that the child was not dangerously ill. He admitted that the pathology of the case was not clear, and that in his judgment the child's teeth were in a measure responsible for the dull, listless state; he had seen many children as ill for forty-eight hours with no more pathology than difficult dentition; that four molar teeth were all about the same stage of advancement and that he would not hesitate to make an incision over the external cusp of each of the four teeth, if matters grew worse. At half-past eleven that same night I was summoned again, and upon arrival I found the child failing; so, apprehensive and uneasy as to the outcome, I asked for further help. Counsel No. 3 came at 1 a. m. and went over the child, agreeing with two of the others, that it looked like some form of poisoning; he agreed to the therapeutics already adopted, but added a hot mustard bath and coffee as a stimulant. I was called again at half-past six a. m. and found the child failing rapidly; respiration, 45; pulse, 160 and weak; temperature. 99½° F.; in a deep stupor, difficult to arouse. The father reported to me that twice the child had screeched, rolled its eyes and had some muscular twitching about the face, simulating the forerunner of a convulsion, but it did not have a distinct spasm. It was now perfectly clear to me that all efforts to save the child were of little avail. I

asked the mother about the voidance of water, and her reply was in the affirmative and frequently, and she was sure that it was not the water from the bowels—"rectal lavage" having being used several times. The child grew progressively worse and died at ten minutes past eleven a. m., or within twenty-two hours after my first examination. I was nonplussed for a cause of death, but was relieved from this worry upon being told that the father had willingly consented to a post mortem examination. Dr. H. U. Williams very kindly consented to do the work; assisted by Dr. Kerr, he made an autopsy at five p. m. The result of this most carefully performed necropsy was practically negative. All parts of the body, including the brain, were carefully examined, and with the single exception of a suspicious change in the kidneys,[1] not one or a group of pathological changes could be found to account for the infant's death. No one present cared to express an opinion as to the probable cause of death. During the autopsy it was observed that the bladder was somewhat distended, and at my suggestion and request Dr. Williams gave me a specimen of the urine. We obtained it by holding a sterilised test-tube and forced the urine into it by compressing the bladder. In this way we avoided any contamination with the blood from surrounding parts. I took the specimen to my office and made a painstaking analysis, and to my utter amazement, the pathology of this mysterious death was unfolded. The following is the report of my analysis:

Quantity, ℥i.
Color, lemon yellow.
Transparency, clear.
Deposit, whitish, cloudy.
Reaction, sharply acid.
Density. The amount too small to take specific gravity.
Odor, sweetish, inoffensive.
Albumin plentiful.

Micro.
- Renal casts, as many as four in one field. (Hyaline. Epithelial. Granular.)
- Red blood cells, few.
- Leucocytes.
- Many small uric acid crystals.
- Many small epithelial cells.

Thus it will be observed from the foregoing report that the cause of death was nephritis.

In the careful study of this case, two perplexing problems confronted us: (1) The unusualness of renal disease in so young an infant; (2) The probable cause of a primary nephritis in a child of this tender age.

Recalling my history it will be remembered that ten days before the child's death, the father had made an analysis of a single sample of urine and found it to be perfectly normal. This was done without

1. Sections made of the kidneys by Dr. Williams showed acute parenchymatous degeneration.

the slightest idea of discovering anything wrong; the child to all appearance was well, but as a careful, painstaking father and physician, he did it as a matter of routine.

In searching for data and information concerning this disease, one is struck by the scarcity of literature upon the subject; this I am forced to believe is due to the comparative infrequency of the disease, or else the too frequent oversight in diagnosis when it is present.

Holt, Diseases of Infancy and Children, 1897, in speaking of primary nephritis in infancy says: "These cases are not common, and the symptoms are so obscure that they are usually overlooked."

In 1887, Archives of Pediatrics, Holt published five cases of his own and collected from literature fourteen others of primary nephritis, under two years of age, and from 1887 to 1897, the same author has observed four additional cases.

Study of Cases.—Symptoms: The onset in nearly every instance was abrupt with high fever, sometimes reaching 104° F., but, as a rule, 101° to 103°; dropsy, very exceptional, and when present is slight and seen only toward the close of the disease; duration, eight days to four weeks; average, two and a half weeks. Sometimes vomiting and diarrhea, but these not prominent; rarely did they exist as symptoms of uremia. Anemia, a pronounced symptom in nearly every instance. It was this symptom that enabled the author in nearly every case to make a correct diagnosis. Nervous symptoms usually prominent. In several instances dyspnea, without any pulmonary disease, partly due no doubt to the anemia. In nearly all cases restlessness and muscular twitching, and in three convulsions. Dulness and apathy in all fatal cases, but deep coma never seen. Urine rarely scanty until toward the end of the disease and sometimes not even then. Suppression of urine occurred in but few cases, albumin was frequently absent early in the attack, but invariably present at a late period, although rarely in large amount. Casts found in all cases, chiefly hyaline, granular and epithelial; no blood casts. Usually many pus cells and renal epithelial cells, together with red blood cells.

Of 23 cases, 15 died and 8 recovered. Of Holt's own 9 cases, 8 were fatal, diagnosis being confirmed by autopsy in every case but one. It is difficult to state whether these figures represent the actual mortality of the disease. No doubt there are many mild cases which escape notice altogether; the severe ones, however, are quite uniformly fatal, chiefly on account of the tender age of the patients.

Contrast these words of Holt, who says the disease is *uncommon*, with those of Jacobi, who published a very suggestive paper in the *New York Medical Journal*, January 18, 1896, and says: "Nephritis is a frequent disease of infancy and childhood and by no means very rare in the newborn. What was formerly considered mere albuminuria, or a transient form of it, we have been taught by improved methods of investigation, mainly by the use of the centrifuge, to recognise as nephritis." Jacobi speaking of the etiology of the newborn sums it up under three headings: (1) Congestive; from feeble circulation, congenital heart disease, asphyxia or exposure to low temperature. (2) Obstructive; from physiologic rapid decomposition of the blood of the newly born, the formation of hematoidin, bilirubin, jaundice, the production of methemoglobin by chemic poisons, such as potassium chlorate or by excessive heat. (3) Irritative; from the presence of uric acid or hematoidin infarctions, of purpuric or other interstitial hemorrhages or of microbes and toxins in the numerous eruptive and infectious maladies and in enteritis.

This brings me to the second proposition of my paper, *i. e.*, the probable etiology of the nephritis in my patient.

In the classification of causes Jacobi speaks of a variety of nephritis caused by some irritant, *e. g.*, microbic or toxins from infectious diseases. I wish to add a fourth form—namely, a drug nephritis.

In detailing the history of my case I mentioned the fact that saccharin had been used as a sweetening agent in the food and upon this special point I wish to dwell for a moment.

This substance was discovered by Fahlberg, 1879, and by Prof. Ira Ramsen, of Johns Hopkins University, about the same time. Its chemical name is anhydro-ortho-sulphamin-benzoic acid. "It is a white crystalline powder, soluble in 200 parts of cold water, more freely in hot water, and abundantly in alcohol and ether. It has no chemical relation to sugars and was named saccharin, a word already applied to one of the sugars, solely on account of its intensely sweet taste, which is said to be 280 times that of sugar. One part in 70,000 of water is distinctly tasted." My little patient was always given water to drink, in addition to its breast food, and in order to make it more palatable, the water was sweetened by the addition of the saccharin. Saccharin was begun at about two months of age and administered uninterruptedly until its death at fourteen months. The last two months of its life, this same agent was added to its artificial food as well as its drink. At first it

averaged about one one-sixth grain per diem, this amount, however, was increased until at least four, one-sixth grains and even five one-sixth grains were given daily. This feature of the child's food and drink and habit of life, struck me as being so unusual and so unique in my experience, it occurred to me that possibly it had some bearing as to the etiology of the case.

I communicated with Professor Remsen, one who is responsible for the discovery of this drug and through his courtesy, I was placed in possession of all of the literature to date since its discovery. Strange to say, no case or cases has been reported bearing on the toxic effect. Most of the research and experiments have been in the line of its physiological action on all the digestive organs and other secretions and in point of fact, its physiological effects on most of the functions have been observed and studied. Several investigators have experimented upon themselves, but in not a single instance have I found anything bearing directly of the toxicity of saccharin.

So much is written from a purely chemical standpoint. S. Hirschfeld in a thesis entitled, Ein Bertrag zur Sasscarinfrage, Erlanger, 1891, makes a study of saccharin, devoting in Part I. about thirty pages to its chemistry. Part II. of his paper gives the physiological action, but does not refer to its deleterious effect upon the renal cells. He proves that it passes through the body unaltered by the gastric and intestinal secretions and is eliminated in the urine unchanged.

The author experimented on himself for thirty days with pure saccharin and took as much as two grains (?) a day. During this time he noticed oliguria on several occasions, but without any other troublesome symptoms, but he does not know whether the suppression of urine was due to the saccharin or not, as no other observer has reported it.

Capparoni, an Italian, in 1893, reported the result of his investigations on the action of saccharin in the intestine and concludes his paper briefly as follows:

(1) Chemically speaking, saccharin has not any therapeutic value in typhoid fever, except its action on the diarrhea. (2) Did not note any action on the temperature. (3) Saccharin acts especially in disinfecting the intestines. (4) Saccharin is not broken up in the intestine and passes unaltered through the kidneys. (5) Its antiseptic action on pathogenic bacteria is proved by the wonderful results which the author obtained with the drug in cases

of chronic urinary trouble. (6) In slight fevers one grain a day for children and two to three grains a day for adults. Given every day thus, for ten days in succession, it did not produce any disturbance nor any alteration in the urine.

Aducco and Mosso, in a paper in 1886, report their experience in the study of the physiological action of saccharin on dogs and frogs, and among other things say: "Saccharin passes into the urine without change and makes the urine very sweet, and urine rendered sweet by saccharin undergoes putrefaction much more slowly than nonsweetened urine." Saccharin does not pass into other secretions, *e. g.*, saliva or milk, and one half hour after ingestion into the stomach, a sweet flavor is detected in the urine.

From these foregoing reports and from others I might add, one fact must be conceded: That saccharin is taken into the alimentary tract, absorbed as saccharin and eliminated from the kidneys as such. My contention, therefore, is that if such is the case, then I have just grounds to assume that a prolonged administration of this chemical produces a harmful and injurious effect upon the renal cells, for upon these cells is thrown the whole burden of elimination. The serious and injurious effects from the protracted ingestion and elimination of alcohol, lead, ergot, arsenic, etc., is too well known to call for more than mere mention, but this fact, I think only helps to strengthen my assumption.

A noteworthy feature of all these experiments is that all were made on the lower animals and adult human beings, no case having been reported as to its effect on an infant. Another important point is, that all investigations have been of rather short duration, varying from a few days to a few weeks, or at longest a few months.

I wish, finally, to offer my theory—namely, that saccharin was responsible for the renal degeneration in my case. It seems to me that the fact that saccharin is eliminated by the kidneys unaltered, would strengthen my theory, that it is all the more harmful to the kidney structure, and supporting this, I have the endorsement of no less an authority than the discoverer himself, who says in a personal letter to me: "Whether the more delicate organism of a young infant is more susceptible to its action than that of an adult, is a question that I cannot answer. I think that it is quite conceivable that it might do harm in such a case. If anyone had asked me whether it is advisable to administer saccharin to infants, I should have expressed a doubt as to the advisability of so doing, simply because I do not think we know enough about the action of this

material. It is said to pass through the system unchanged and evidence has been furnished in cases of adults that this is the truth, but that indicates the possibility of its acting as an irritant in some parts of the body, and even a slight irritant might be a very serious matter to a young infant."

A few suggestions commend themselves to your attention: (1) The cause of death was acute parenchymatous nephritis as proved by the analysis of the urine and Dr. Williams's examination of the kidneys. (2) The prolonged administration of saccharin contributed toward, if it was not entirely responsible for, the renal degeneration. (3) That in all cases of infant's diseases, whether the diagnosis is perfectly clear or obscure, the urine should in every instance be examined.

137 WEST TUPPER STREET.

IMPRESSIONS OF CUBA AND THE CUBANS.[1]

BY MARSHALL CLINTON, M. D., Buffalo, N. Y.,
Late Assistant Surgeon 202d New York Volunteers.

AFTER nine months' service as assistant surgeon in the 202d N. Y. Vols., I have the pleasure of presenting to you a few impressions gathered by the way, of Cuba, Cubans and the work of and dangers to United States troops stationed at that island. Cuba is naturally a beautiful spot and if the climatic conditions were in keeping with the scenery it would be a veritable paradise. The temperature rarely goes above 90° F. or below 60° F. Humidity is the cause of all the trouble, and combined with a burning sun, the powerful rays of which feel like the heat shafts from a red hot furnace, furnishes from decomposing materials, pabulum for those essential dirt diseases with which Cuba is infected.

The Cubans are not a hardy, healthy looking race, if I may call them a race. They are the union of North American Indian, Spanish and negro blood and have the marks of degeneration plainer and more common than one sees among our own people. Usually slight in build, lacking color and strength, and by nature lazy and irresponsible, they do not stand continued fatigue and lack totally that open-hearted frankness and sturdy carriage of our Northern soldiers. They possess an acquired immunity to yellow fever, having, as a rule, had a slight attack during childhood. This immunity persists

1. Read before the Buffalo Academy of Medicine, May 2, 1899.

as long as they remain in good health and live in Cuba, but residence in a temperate climate for three years or more renders them liable to reinfection on their return. During the beginning and end of the rainy season they are liable to attacks of intermittent malarial fever, which yield, however, very readily to treatment.

Sanitation is to them an unknown science and the conditions under which they live are revolting. They are not cleanly in body or habit. The typical Cuban dwelling is a stone affair, one or two stories high, built in a square or "L" shape, and including a court-yard. The living rooms all open into this and in one corner is the kitchen and privy, separated by a slight partition, but forming one room. The privy vault, two feet wide, four feet long and from four to six feet deep is lined with a rough tiling, permitting the fluids to ooze through into the surrounding ground. On a level with the street is a drain-pipe to carry any over-flow to the gutter outside. The poorer houses have no privies and the make shift is a commode, the accumulated contents of which are thrown into the street after dark. Kitchen refuse is disposed of by being thrown into the street, where a hot, damp atmosphere and a burning sun quickly obliterate it. In the abandoned Spanish military hospital was a tubercular ward and on the stone floor beside spots where cots had evidently been placed was over half an inch of solid dried sputum. This same hospital is on the edge of the town, a short distance from and draining into the brook that supplies the town with water. It was a common sight when riding along the small stream to see a negro taking a bath near the spring that fed the brook; several hundred feet below a woman doing the household laundry on a flat rock, and still further down see people filling pails with the same water for household purposes. There were many cases of chronic starvation among the poor natives upon our arrival, the result of the reconcentrado régime. The civil authorities estimate that during the last three years more than one-third of the entire population had died as the result of warfare and starvation. While the Cuban soil is marvelously productive, the natives being able in forty days to raise a crop of garden truck, yet the reconcentradoes did not begin until lately to plant the soil, as they had neither seeds, tools, nor ambition. Among these people were found the clinical pictures of chronic starvation, emaciated, spindle-arms and legs, pinched, wan, bloodless faces, hollow chests with the ribs almost bursting through the skin, sores on legs and faces, large protuberant abdomens, from fatty livers, enlarged spleens and ascities. For three years their diet has been

vegetables and sugar-cane, the latter forming their principal food stuff.

Some Cuban soldiers removed from their barracks in the mountains to the civil hospital were suffering from this disease. One died from pneumonia and three others from renal insufficiency, a short time after their arrival. According to the statements of the local physicians the lessened vitality rendered them liable to disease that healthy natives are usually immune to. The average Cuban dies of old age or the fibroses of old age at from 50 to 60. A man 65 years old is a patriarch. As age advances they rarely grow obese, but become thin and shriveled, and at 45 one sees men older looking than men here at 60.

On the evacuation of the towns by the Spaniards the Cubans emerged from their hiding places in the hills and there were many opportunities to observe among them the effect of the Mauser bullet. One Cuban major was particularly interesting, as during various pot-shot engagements he had accumulated three wounds of the right chest, four of the right thigh, and two in the left forearm. These had all healed with very little trouble other than the incident shock, which he described as severe, and from slight hemorrhage. Only two bad results from the Mauser wounds were seen. One a comminuted fracture of the left radius, with subsequent necrosis of the bone, exfoliation of a sequestrum and union of the tendons of the radial side of the wrist. The other was one of our soldiers who was shot by a comrade who didn't know the gun was loaded. The bullet pierced the right chest and the man died from hemorrhage and shock in thirty minutes. Most of the other wounds seen were in the extremities and the resultant scars were small round dots scarcely noticeable, the ball piercing the bone as neatly as a drill. These wounds indicated that the fighting had been done at over 400 yards.

Their weapons were of all manners of shapes and kinds and I have here a typical machete, presented by a Cuban officer, and it is of the usual model. It is a very useful weapon in a country where the undergrowth is so dense and so fine, as a road can be cleared in any place quickly with a weapon of this kind. As a weapon of warfare it was rarely used, except by the Cubans on their fellow countrymen whom they had captured fighting under the Spanish flag. This was done by slashing the victim across the abdomen and leaving him disemboweled to die. They never lived more than two days as the buzzards would complete what the Cubans had begun.

The poisonous insects were the tarantula and the scorpion. No cases of tarantula bites were seen and the Cubans did not know personally of any fatal case. The tarantula wound is slow to heal, painful and frequently followed by a neuritis along the nerve areas affected by the poison. Many of these creatures were captured and some of them when stretched out would cover a circle whose diameter was seven inches. Scorpions were plentiful and the men were frequently stung, as every cactus hedge and stone pile is alive with them. Their bite is much like the common hornet sting; very painful at first, but giving slight inflammatory reaction and yielding rapidly to a carbolic dressing. Flies and mosquitoes are like the song birds, scarce.

Except in Havana, yellow fever is rarely seen during the winter months, unless a large body of troops with a natural susceptibility to it is encamped in a malarious region. This is rather interesting when we consider that each epidemic of recent years has been preceded by an outbreak of malarial fever, and yellow fever, so similar, clinically, to bilious remittent or pernicious malarial fever has followed these outbreaks. The Spaniards lost 7,000 men from yellow fever during the year 1897 and had established large fever hospitals at different places. On the edge of the harbor at Mariel was one of these hospitals with accommodations for 2,000 men, a sterilising plant, but no system of drainage or sewerage other than the slope to the harbor edge. All around the kitchens were piles of dried refuse, showing how careless they were in such matters.

On the 9th of December, 1898, the 202d regiment steamed into the harbor of Havana and unloading at the wharf took trains to the cities of Pinar Del Rio and Guanajay. During the first three weeks many of the men suffered from attacks of peri- and follicular tonsilitis as the result of exposure to the peculiarly damp, irritating night air. The dews were so heavy that by order the sentries on guard after dark wore their rubber ponchos to keep from being soaked, for otherwise their clothes would be as wet in the morning as if they had been standing in a heavy rain fall. The first cases of malaria occurred two days after a sudden rainfall, which left things an hour later steaming in the midday sun. These numbered about forty and each succeeding day saw new faces at sick call and new cases sent to the regimental hospital. Most of the cases during the month of January were tertian intermittent in type and were controlled by liberal doses of quinine. Recurrent attacks were more intractable and quinine had but slight effect. Warburg's tincture

was tried faithfully, but the results were very unsatisfactory. Sodium salicylate, however, proved of immense value in cases associated with high temperatures and lengthened paroxysms. A commission sent through Cuba for the purpose of selecting camp-sites for the regiments located us on a rolling country, beside a beautiful magnesia spring, but surrounded on two sides by marshy ground. While it was fully recognised that a large number of our malaria cases were dependent on the locality, yet we were not allowed to move to a better site until the quartermaster's department had concluded arrangements for the rental of other grounds, while in the meantime each day added to our sick list. In February the more dangerous forms of malaria were seen in the remittent types. In this form was seen the various complications not only troublesome and difficult to treat but dangerous to the life of the patient. About sixty men suffering from this form were transferred to the hospital ship Missouri, and from there to Savannah, where all but two recovered.

The complications most commonly seen were gastric disturbances, in which the patient would retch and vomit almost unceasingly for hours during the paroxysm; irritation of the intestinal tract with profuse diarrheas, resembling typhoid; cerebral irritation, in which the patient would be comatose or wildly delirious; involvement of the kidneys with acute congestion, suppression of urine and acute diffuse nephritis; bilious remittent, in which the patient became rapidly jaundiced and invariably called by the native doctors yellow fever. My tent mate, Dr. Wood, lost his life during his service in Cuba, having been taken suddenly one afternoon with shooting pains in the thighs, followed by a hard chill for two hours and a rise in temperature to 105° F. The next morning his temperature dropped to 101° F., with the appearance of a purpuric petechiæ, muttering delirium, small, rapid, irregular pulse, contracted pupils and occasional intervals of consciousness. He remained in this condition with the disappearance of the purpuric condition and an evening raise of one to two degrees for three weeks until a sudden paroxysm produced a serious apoplexy and death. Another fatal case was due to an acute diffuse nephritis, following the initial paroxysm and death following about five weeks later from uremia.

The most interesting case of all was one on which the experts disagreed and caused the report that the regiment was infected with yellow fever that subjected all to an unnecessary amount of worry which, had the men been less philosophic, would have been a bad thing for them, as they had little else to do than worry. A detachment

of thirteen men and two officers was sent to the town of Mariel to guard government property there. Among these men was Private Clooney, Co. L. While off duty numerous excursions were made to the old fort and the fever hospital by the men and officers and after two weeks they were relieved by another detachment. Fifteen days after their return Private Clooney was seized with a severe chill, followed by a rise in temperature to 105° F., twenty-four hours later his temperature went up to 106°F. and he became jaundiced, had a slight albuminuria, diabetic breath, was in a state of profound coma, pulse rapid and small. On the third day experts from Havana diagnosticated the case as one of yellow fever from the presence of albumin in the urine, tenderness on pressure in the hypogastric region and the jaundice. This diagnosis was differed from by Dr. Howland of this city, then serving as regimental adjutant to the 202d, and by Dr. Lawrenson, yellow fever expert from New Orleans. The patient's temperature remained above 102½ until the eighth day, when he died. A post mortem revealed on opening the abdomen an enormously swollen spleen, liver swollen, dark slate colored, and smooth gall-bladder distended, but no evidences of gastro-intestinal involvement. The opinion of Drs. Howland and Lawrenson was confirmed in the official report, which states that while the first diagnosis was one of yellow fever the post mortem shows the case to have been one of pernicious malaria of the bilious remittent type. In speaking of the large number of malarial cases seen there it may be of interest to know that the mosquito played but small part in the propagation of this disease, as they were rarely seen and never troublesome.

During the month of December, 220 cases applied for treatment at sick call; in January, 505; in February, 509; in March, 343, and for the fifteen days in April, 37.

Furunculosis of the legs bothered the men in a good many instances. This was caused by the men scratching their legs with dirty nails for flea bites. A few of the cases were rather severe, but healed rapidly under appropriate treatment.

Streptococci and virulent infections were not seen, except in one case of tetanus in a two-year old child following a vaccination.

Following flea bites were cases of urticaria and three well-marked cases of dermatitis herpetiformis of the vesicobullous variety. Two recovered after five weeks rest in bed with tonics, and the like. The third case did not convalesce until he reached the cooler climate of Savannah, when his recovery became rapid.

The work laid out for our regiment was the establishment of order in the province, support to the native civil authorities, and lastly to try and teach them the value of municipal sanitation and to establish civil hospitals. At Guanajay, Mariel and surrounding towns the staff of doctors on duty vaccinated all the inhabitants, by house to house visits, who did not show a visible immunity to small-pox. Only one bad result was seen—that of the child mentioned a moment ago. On our arrival there were several cases of small-pox scattered around the towns and one morning a colored urchin, about twelve years of age, came calmly walking into the camp to watch the soldiers work, his face partially covered with the recent crusts of small-pox. The people do not regard isolation as necessary in these cases. The abandoned military hospital at Guanajay was thoroughly policed from top to bottom, rooms all washed, scraped and white-washed, grounds around the buildings cleaned and burned and then all the sick poor gathered in—about 120 in number. With the assistance of the mayor and chief of police all the prostitutes—thirty odd in number—were rounded up and examined. Eleven were placed in arrest in the civil hospital for treatment. Weekly examinations and keeping in camp the soldiers who were diseased kept the average of disability from venereal diseases lower during the stay in Cuba than it had been in this country. Usually from 2 to 4 per cent. were incapacitated from all duty from this cause, but owing to strict discipline and watchfulness, the percentage dropped to less than 1 per cent.

All latrines and privies in public and private dwellings were ordered cleansed and it was forbidden to throw any refuse into the street.

A street department was organised and paid for by the United States Government and all streets were cleansed and kept clean. At daybreak wagons called for the refuse and carted it three miles from the towns. All householders were urged to whitewash their houses outside and in and most of them did so. Stores particularly filthy and offensive were ordered cleansed and if this was not complied with they were shut up until they obeyed the order. One building was found full of old bedding, cots and dirty furniture. Inquiry developed the fact that it had been purchased a short time before from the yellow fever hospital and that it had never been disinfected. For this reason it was offered for sale at a very cheap figure. That building was closed up until the troops had left. It took the natives some time to understand that an order when issued must be obeyed

as they had more faith in a five dollar gold piece than in any department order and they didn't get over this feeling until they saw that no one had a "pull" with the authorities.

The greatest danger to troops serving in that country by far is from malaria, as there is no immunity and as our soldiers are particularly susceptible to it and one attack predisposes to another, one can easily see what continued service for a regiment would do. Certain general principles, as carried out by the British government in the Island of Jamaica, would render life tolerable there, but if the troops forming the army of occupation are given only the scanty shelter they have had so far, we may look for a large death-rate among the men for the next year. After nine and a half months' service the 202d comes home with the following record: The camp was always clean; cleaner than the camps of the other volunteer regiments that we were thrown in contact with, as the records of the field officers of the day for the 2d Army Corps will show. Special attention was always paid to the company kitchens and the cooking utensils, sinks and the company streets; and with a clean camp from the time we started in until the regiment was mustered out we have the following mortality record: Deaths—from suicide, 1; from railroad accident, 1; from gunshot injuries, 2; from malaria and its effects, four; and from typhoid fever, 8.

90 NORTH PEARL STREET.

HYPERCHLORHYDRIA, INCLUDING A FURTHER REPORT ON THE WRITER'S EFFERVESCENCE TEST.

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SEVERAL years ago, when gastro-enterology depended for diagnosis and treatment very largely on siphonage of the stomach, the writer devoted considerable attention to the problems of studying and medicating the stomach without using the tube. While neither condemning local interference with the stomach nor hesitating to resort to it freely, the writer held that the tube was introduced too often and too indiscriminately, that we failed properly to apply the experience derived from one case to the next, and that patients who objected to the use of the tube from lack of leisure, from exhaustion

1. Read by title at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

following its use or even from nervousness or actual cowardice regarding its insertion, ought, as a matter of humanity, to have their cases as thoroughly diagnosticated and as well treated as possible.

In the great majority of gastric cases, we have to deal with abnormalities of secretion and motion that are practically functional, though it is quite probable that most of them have a distinct morbid anatomy, if we could only discover it. When we consider that the ferments, pepsin and rennet, are rarely deficient and practically incapable of being present in excess, it is evident that the principal secretory disturbance affects the acidity. Even in essentially motor cases, no direct disturbance of digestion and nutrition occurs till acidity becomes abnormal. In short it may be said that functional dyspepsia, limited to one particular function, causes little disturbance *in esse*, though a very serious matter *in posse*.

It became evident very early that, in any miscellaneous selection of cases the question as to the acidity was by far the most important and the desirability of being able to settle this question, even approximately by external methods, became manifest. The writer's method, first reported several years ago, is extremely simple in theory, though requiring considerable practice before positive deductions can be drawn. It depends upon the production of audible effervescence when a saturated solution of sodium bicarbonate is mixed with an acid solution. Any one who has doubts as to the possibility of producing audible effervescence within the stomach, need only pour a little saturated solution of sodium bicarbonate into a glass containing a 2: 1000 solution of hydrochloric acid, the normal maximum or physiologic standard of gastric juice. He will find that the effervescence can be detected at a distance of several inches from the ear. In practice, the stethoscope is placed about two inches northeast from the umbilicus or at the exact level of the stomach contents, as determined by percussion. A few seconds, normally about ten, after the elevation of the larynx indicates that deglutition has begun, a squirting sound is heard, due to the passage of the liquid through the cardia. Care must be taken that the patient does not rustle the clothing, breathe noisily or in other ways interfere with the delicacy of the test. If the stomach contents are decidedly acid, a fizzing sound is heard, which lasts a few seconds. Practice is necessary to distinguish this effervesence from fine borborygmi, occurring as the result of peristaltic waves which the ingestion of food or liquid is apt to produce. Sometimes not even a wave is produced and almost absolute stillness prevails. In this case, to make assurance of non-

acidity doubly sure, a glassful of diluted hydrochloric acid, of about normal gastric strength, may be given to the patient, when effervescence will be produced. Of course, the acid drink must be given promptly.

Obviously, the method proposed does not distinguish different kinds of acidity nor is it quantitative. It should, of course, be employed at suitable times after meals, which correspond somewhat to the test-breakfast and the test-dinner, but need not be subject to rigid rules. It is possible to make a distinction between (1) marked subacidity or nonacidity; (2) acidity nearly normal; (3) marked superacidity. In the first case, provided the test is made at the height of digestion and the meal is moderate, there is usually an indication for hydrochloric acid. In the second case, a decision must be made between practically normal secretion of hydrochloric acid and the formation of acids of fermentation in the absence of hydrochloric acid. While the hydrochloric and organic acids may coexist, it is practically impossible to have a serious formation of the latter in a stomach which regularly secretes enough hydrochloric acid. It is rarely that normal effervescence, due to hydrochloric acid, is found in a person presenting himself as a patient and when this does occur, the trouble is almost always supermotility or else a nervous or hysteric dyspepsia. Occasionally, organic stricture at the pylorus coexists with euchlorhydria. When normal effervescence is due to organic acids, there is also formed an abundance of gas which can be detected by percussion, auscultation, sometimes by palpation and by the history of belching gas, which must be sharply discriminated from the account of raising small quantities of sour, watery stomach contents. Practically all the laity and a good many physicians fail to realise that perfectly normal chyme is intensely sour. In the third case, when effervescence is increased and protracted, especially when it occurs with an immediate repetition of the soda test, the diagnosis of hyperchlorhydria may usually be made without hesitation. Theoretically, such a degree of effervescence might be produced by organic acids, acid salts, etc., but even then, other evidences of malfermentation would be conspicuous. An important symptom of hyperchlorhydria, is burning pain in the epigastrium, occurring at the height of digestion, relieved by taking water or food and unaccompanied by gas formation. In three cases seen rather recently, this symptom with increased effervescence was so typic, that no chemic investigation of the stomach contents was made, all the patients recovering under treatment directed against the hyper-

chlorhydria. A detailed description would be uninteresting, as no corroborative proof of diagnosis can be offered.

The state of the stomach is by no means constant in the same individual. One of the writer's patients who had a rather obstinate subacid dyspepsia—verified by chemic examination, as well as by the lack of effervescence—later developed a typic acute peptic ulcer, which we usually associate with increased acidity as an etiologic factor. Whether acute peptic ulcer is so closely associated with hyperchlorhydria as has been taught, is not absolutely proved. Once formed, the acidity may be increased, deficient or normal and ulcers of the stomach, not of the rodent type, certainly are not directly dependent on hyperchlorhydria. Still it is probably correct to assume that in hyperchlorhydria, we are threatened with ulcer and that acute peptic ulcer rarely develops without hyperchlorhydria.

The effervescence test is of especial value in keeping approximate watch of the course of a case that is occasionally investigated chemically, but it frequently is positive enough to afford a practical basis for treatment without siphonge. The following case illustrates a rather unusual condition:

F. K., aged 35, was treated two years and a half ago for tonic dilatation of the stomach with persistent subacidity, according to the lack of effervescence. February 20th he again presented himself, complaining of burning pain in the epigastrium with sour eructations, but no gas, occurring three or four hours after eating. The stomach was normal in position; effervescence, one hour after light meal, normal. The next day, the stomach contents were obtained one hour after the test meal of 50 grams bread, 5 grams butter, 250 c.c. water. The total acidity by phenolphthalein was 60 per cent., there was no free hydrochloric acid nor more than the normal trace of lactic acid. A slight hemorrhage had occurred and had probably neutralised a small amount of free hydrochloric acid. This case was probably essentially motor, at any rate it was soon relieved without treatment directed toward secretion.

J. L. J., from Pennsylvania, aged 34, gave a typic history of hyperchlorhydria and effervescence was marked and prolonged. As he could spend only a few days in Buffalo, it was thought best to make a chemic examination. On three successive days, his total acidity was 90, 89, 148 per cent.; free HCl being 14, 23 and 35 parts in 10,000, respectively. The first examination did not show absolutely an excess of HCl, but the combined HCl was large.

In another case repeated examinations showed a rather high free hydrochloric acidity, 20, 22, 23, 19 parts in 10,000, but scarcely such as to warrant the term hyperchlorhydria, unless we accept the low standard adopted by Dr. Boardman Reed, of Philadelphia, and

others. Yet this case was essentially one of excess of hydrochloric secretion since, one hour after the test meal, the stomach contents measured twice the quantity that had been introduced with the meal. In this case the effervescence was always abnormally marked till treatment began to diminish both the bulk and the proportionate acidity of the chyme.

Not to weary you with other illustrative cases, a few words regarding treatment may not be out of order. Gastric ulcer should always be borne in mind as a possible outcome, just as eclampsia in pregnant women with nephritis, but it need not be expected actually to develop in more than a few per cent. of all cases of hyperchlorhydria. How shall the acidity be reduced? Not by alkalies, except when the patient is under the physician's close observation and when the immediate presence of superacidity is demonstrated. The diet should be such as to fix the secreted hydrochloric acid, that is, should be largely proteid, but not such as to stimulate increased secretion: that is, meats and salts should be avoided. Milk, eggs and bread stuffs should constitute the greater part of the diet of such patients. Whenever painful attacks occur, the patient should drink a glassful of cold water, which not only dilutes the acid already represent, but checks the tendency to secretion. If the bowels are constipated an alkaline sulphate or phosphate mixture may be used before breakfast and, perhaps, before the other meals. Gaston Lyon, in the *Bulletin Medicale*, 1898, advises the following formula:

℞ $NaHCO_3$ 40
Na_2SO_4 40
NaCl 20

Sig. Dessertspoonful before breakfast in hot water.

Atropine, cannabis indica and cocaine are of benefit not only as analgesics, but to prevent secretion.

The main point in treatment is overlooked by Lyon. The radical cure consists in checking the tendency to formation of too much HCl; the temporary cure and that which leads up to the radical cure, consists in preventing the actual secretion of an excessive amount of HCl. This secretion obviously depends on the presence of chlorides, of which NaCl is the most abundant and the most important. Salt should be absolutely tabooed, though it is not necessary to administer food and water chemically free from saline ingredients. If no salt is allowed either in the kitchen or on the table and if water is drunk freely, the tissues and fluids soon become unable to surrender any chlorine to the gastric oxyntic cells and the hyperchlorhydria of necessity abates.

174 FRANKLIN STREET.

THE USE OF ALCOHOL IN THE TREATMENT OF NERVOUS AND MENTAL DISEASES.[1]

By SYDNEY A. DUNHAM, M. D., Buffalo, N. Y.

THE word alcohol in the treatment of disease means "whiskey or brandy," unless otherwise stated, according to Hare's Therapeutics, but it could be applied to any of the so-called alcoholic stimulants. By the judicious use of alcohol, in the treatment of acute disease, few have become addicted to its use. Through its indiscriminate use as a "pick-me-up" in disease of the nervous system, many have become habitués. It does not matter whether the physician treats the disease, or the patient treats himself, if alcohol is used our subject remains the same.

Alcohol for appetite, for sleeplessness, for that tired feeling, for extra work, does much harm and little good. Whenever it is used as a substitute for food and rest the effect is treacherous and deceptive. That work had better be left undone, rather than to depend upon the energy produced by a few extra drinks. It is better to live longer and have more time to work, than to do brilliant work for a short time and die of paresis caused by alcohol.

The following questions present themselves to us for our solution: Does alcohol do good in the treatment of nervous diseases? Does it do harm? Can it be replaced by other drugs? Those who most frequently abuse the use of alcohol are the neuropathics. Psychopathy, with its varied mental disturbances is the common result of the neuropaths—excessive use of alcohol. The false teaching of the use of alcohol years ago, as a safe remedy in the treatment of disease led to its use in moderation as a beverage and a remedy. But moderation has proven to be the forerunner of excess. With excess comes mental, moral and physical deterioration. Moderation in stimulants or narcotics is unknown to the unstable nervous system. The use of alcohol in the treatment of the following nervous diseases is not indicated but rather contraindicated:

Diseases of the Brain.—Cerebral congestion, hemorrhage, inflammation, embolism, thrombosis, tumors and abscesses.

Diseases of the Spinal Cord.—Spinal inflammations, e. g., meningitis, myelitis and poliomyelitis, sclerosis and paralysis.

Diseases of the Peripheral and Sympathetic Nerves.—Neuritis neuralgia, spasms, cephalalgia, migraine.

1 Read at the Buffalo Academy of Medicine in discussion of the subject, "The use of alcohol in the treatment of diseases."

Alcoholic stimulants are contraindicated in epilepsy, hystero-epilepsy and syphilis of the nervous system. They are pernicious in their effect in neurasthenia, chorea and hysteria. Syphilitic gumma of the brain frequently leads to excessive use of alcoholics.

Professor H. C. Wood, of Philadelphia, in his Work on Therapeutics and Materia Medica, says: "In chronic neuralgia, in hypochondriasis, melancholia, temporary relief may be obtained by the use of stimulants, but the very relief obtained doubles the temptation, by the frequent use of alcohol and the habit of frequent stimulation, grows almost of necessity into drunkenness. For this reason I do not think the physician ever justified in prescribing alcohol for its narcotic stimulant effect in these cases."

Some nervous systems are very sensitive to alcohol as a narcotic, hence in those cases where it is used to relieve pain—dysmenorrhea and neuralgias in general—and when used to produce sleep, there is danger of its use leading to excess with consequent evils.

While it has little use in nervous diseases, it is less indicated in mental affections.

"Alcoholic stimulants should never be given to periodical lunatics without bearing in mind the danger of formation of the dipsomaniacs tendency. In the free intervals of periodical mania alcoholic beverages are not borne well, a moderate indulgence leading to disproportionate disturbances of consciousness and will power."—Spitzka's Manual of Insanity.

As a toxic agent to the nervous system in producing insanity, it stands next to syphilis. In mental diseases there is no occasion for the use of alcohol. Any diseases caused by the use of alcoholic stimulants certainly could not be cured by continuing its use.

Chapin's Compendium of Insanity (physician to Pennsylvania Hospital for the Insane) says: "In melancholia the prolonged administration of hypnotic drugs has the effect of superadding to the existing mental disorder a new pathological state and a general sense disturbance."

In our State Hospitals they depend largely upon the nutritious food rather than drugs. There is no place for its use in imbecility, nor idiocy, nor mania, nor melancholia, nor paresis, nor dementia, nor any of the psychoses. Its contraindications in mental diseases are more definitely set forth by Hugo Hoppe, of Berlin. He mentions the following cases in which no alcohol should be given: First, chronic alcoholics which compose 50 per cent. of the insane in Berlin, in 1893; second, epileptic insane, which composed 8 to 10

per cent. of the insane; third, paretic dements, where alcohol is very injurious, about 15 per cent. of insane; fourth, idiots and imbeciles, about 13 per cent.; fifth, periodic insanities and maniacal patients, 5 per cent. In fact he believes in discontinuing the use of alcohol in insane asylums.

The most recent and valuable knowledge regarding alcohol and insanity is found in the ninth annual report of the State Commissions in Lunacy, by Dr. Ira Van Gieson, who has charge of the pathological institute for the scientific investigation of insanity. The ninth annual report of the commission in lunacy is the most valuable one ever printed and is an addition to any medical library, on account of its original information and ideas presented for the prevention of insanity. He says in this report that "alcohol begins its dissolution of the nervous system at the very highest centers of self-control and discrimination. The action of alcohol upon the nerve cells is to lessen its capacity to store energy, which they receive in the food supply from the blood-vessels. That alcohol in accordance with the law, that the highest and most precious portions of our brain are the last to become evolved and educated, are the most unstable and are also the most ready to undergo dissolution in the presence of any noxious stimulant." In speaking of preventive measures, he says: "Above all, the action of alcohol upon the nerve cell should be impressed upon the minds of growing children as soon as they are able to assimilate such knowledge."

Herein, then, lies the secret and the solution of the problem of why it is an individual cannot stop drinking when it is injuring him. His diseased imaginations, with weakened will-power, compel him to drink again. If the chief functions of a nerve cell are disturbed and perverted, such as coördination, transference, generating impulses (automatism) and other vital organs are dependent upon the nerve centers for energy and control, it is not strange that moderation leads to excess and excess to insanity, presenility and early death. The moderate drinker appears healthy, but there is often a gradual toxemia.

The use of alcoholic liquors in a general way with the degenerate, or those who have unstable nervous systems is always an abuse. With some it causes nervous instability, with others we find nervous instability predisposing excess in drink. In either case there is great responsibility upon the one who first suggested its use. Alcohol exceeds opium in its disastrous effects. The greatest danger from alcohol is not in the physician using it at the bedside as a medicine,

but in his indifference and neglect to advise those in health or think themselves sick to abstain entirely.

The following statistics being so near home and many of the physicians being taxpayers may emphasize more than anything else why a physician should be so careful in prescribing alcohol in disease and allowing patients to use it so indiscriminately. In Buffalo in 1897, there was 10,319 arrests for drunkenness. Of this number 4,643 were sent to the Erie County Penitentiary. The ninth annual report of the State Commission in Lunacy, ending September 30, 1897, gives of 4,649, the original number of commissions for that year 534 from intemperance—458 men, 76 women. At the Matteawan Hospital for the criminal insane for 1897, out of 154 committed, 18 were for intemperance. The Craig Colony for epileptics for 1897, out of 253 inmates, alcoholism was traced to parents of 74 and to 26 as a direct cause of epilepsy. When we add to these reports the inmates of homes for feeble-minded children and deaf mutes produced by alcoholic drinks, we must admit there is no preventable disease with such disastrous results, not even tuberculosis or cancer. No wonder death and taxes are the most certain things in the world.

Alcohol on the nervous system lessens the resisting power by exhausting and paralysing the nerve centers. Syphilis is the chief cause of the chronic incurable diseases of the nervous system. Abuse of alcohol follows next as a degenerator of nerve tissue. We agree that the excesses in alcohol produce physical decay; why not admit that the first evil effects is through the nervous system by producing mental and moral perversions, and that Bright's disease is the effect of disturbance of trophic nerves produced by alcohol? Alcohol not only degenerates the healthy, but degenerates the degenerate and the degeneracy is handed down to posterity. Without alcohol, many an unstable nervous system would be able to preserve itself and to compete with the various activities of life, but by its use becomes helpless and a state care. If we are to prevent the increase in mental diseases and lessen the frequency of nervous trouble, alcohol must not only be dropped as a beverage, but used cautiously as a therapeutic agent. Alcohol is not indispensable in any disease. It can readily be replaced by other substances. Prudent physicians are cautious today about prescribing alcohol and do not when other remedies act as well and could be used instead.

Tell us in what diseases alcohol could be used as a prophylactic and curative agent and something else have not done as well?

When used indiscriminately and thoughtlessly in disease, it will do more harm than good. It is better to have died with disease than to have been saved by a drug which enslaves and produces habits which cannot be broken and thereby become a pauper and a dotard.

THE "LASALLE," CHIPPEWA STREET.

Translation.

THE PATHOGENESIS OF CHOLELITHIASIS IN THE LIGHT OF LATEST INVESTIGATIONS.

REVIEWED BY DR. STANISLAUS PECHKRANC, in *Medycyna*, Warsaw. Tom. R. XXVII., Nos. 6 and 7. Translated from the Polish, with Annotations.

By FRANCIS E. FRONCZAK, A. M., M. D.,
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AS YEARS AGO, so also now there are two different views on the pathogenesis of cholelithiasis. Some believe it to be a dyscrasia, others seem to think that local changes in the biliary ducts are the cause of the condition. The first theory seemed to have enjoyed the greater confidence and hence was more believed than the latter. And yet, time and again, scientific men of reputation raised their voices against it. Forty years ago the great Frederichs denied the existence of special cholelithiatic diathesis, and preached the doctrine that these growths are the results of local disturbances. But not only Frederichs had this view on the subject, for Luton, Niemeyer, Barth, Besnier and others spread the same teachings, by word of mouth and by many writings.

The dyscratic theory, however, found a most ardent supporter in the person of Bouchard, who brought this theory to its highest possible standard. According to Bouchard, cholelithiasis, similar to gout, rheumatism, obesity and many others, is only an expression of a hereditary or acquired condition, due to the slow assimilation of food and deranged nutrition. This deranged assimilation and nonnutrition have as a result the abnormal collection of cholesterin in the bile.

Parallel with this abnormal collection of cholesterin the quantity of substances which keep it in solution, as fatty acids and biliary salts, is gradually diminished. The diminution of the quantity of fatty

acids is due to the insufficiency in the assimilation of fats; the decrease of biliary salts is due to the atony of the liver. Besides the above-mentioned conditions there are two more circumstances, which aid in the precipitation of cholesterin: (1) the acidity of the bile, which is equivalent to the total acidity of all the juices of the system in this dyscrasia; (2) the superabundance of lime in the bile, which is influenced by the superabundant presence of acids in the juices of the system.

All these cases lead to the extraction of cholesterin from solution, according to the easily understood chemical mechanism.

At the Medical Congress in 1891, held in Wiesbaden, Naunyn critically explained with great details, and in a most efficient and noteworthy manner, the dyscratic theory of Bouchard. He brought out against it excellent and important arguments: (1) the constant and unchangeable presence of the cholesterin and lime in bile, without any relation to food digested; (2) the presence of substances in the bile, which aid the solution of cholesterin, in much greater quantity than is necessary to keep the cholesterin in solution.

Naunyn gave great quantities of lime salts, and still could not bring about their increase in the bile. We must mention here also this fact, that the acidity of bile in the dyscrasia has not as yet been determined. Finally, the constant presence of inflammatory or congestive changes, acute or chronic, in the ways and byways through which we know the bile must flow, cannot be explained by this theory. Hence we see on what foundation rests this, at first sight truly attractive, theory of Bouchard.

Until very recent years the knowledge of the causes of cholelithiasis did not differ very much from the views held by authors 100 or 150 years ago. The insufficient and unexplanatory causes of cholelithiasis usually brought forth by authors were most evident to all scientific thinkers. Few, if any, could or would believe that stasis or condensation of bile, due to old age, sedentary or inactive life, slower circulation of blood, difficulties of motion of chest or abdomen, due to tight dressing, corsets or pregnancy (the latter usually being given as the cause of cholelithiasis in women) and many other similar conditions, were the causes of gall-stones. The critical examination of all these causations, leads us to but one undeniable fact—namely, that all which favors the slowing of the flow of bile, favors also the formation of gall stones.

Modern investigations and teachings on the pathogenesis of cholelithiasis, shows us that the disease is but a local one, bringing

about as a result the morbid condition of the bile ducts and gall bladder, and that this condition is uninfluenced by any disturbance in nutrition. We have learned that this view is not a new one. Lately, Naunyn became a most ardent defender of this theory. This investigator has mostly influenced that there is now a change in the views on the causation of gall stones.

From a chemical point of view, the entire morbid condition of cholelithiasis is but a precipitation of certain normal constituents of bile; cholesterin, which is held in solution, as we have said before, by the presence of biliary salts and fatty acids and bilirubin, which forms with lime an insoluble compound. Hence it is but necessary to answer the following question: What are the conditions that bring about the precipitation of these normal compounds of the bile from the solution? The vast majority of gall stones are composed of cholesterin and bilirubin united with lime. Only in exceptional cases does cholesterin form the basis of the stone; usually this part is taken by the calcium salt of bilirubin. Calcium bilirubianate is first precipitated, later this kernel or base, is surrounded by cholesterin, either pure, or in combination with the calcium compounds of bilirubin. Sometimes gall stones are composed exclusively of the combination of bilirubin and lime—generally in the intrahepatic ducts. These facts prove that the conditions which bring about gall stones are those which aid in the precipitation and union of bilirubin with lime. Normally, bilirubin is not found in bile in a chemical union with lime. Even the addition of a great quantity of lime does not aid the formation of this union. The presence of albumin, however, brings about the precipitation of bilirubin, if we add to the solution but a few drops of lime water (Naunyn's experiment). Hence the presence of albumin in the biliary ducts, favors the formation of compounds of bilirubianate of calcium. This condition we find in the catarrh of biliary ducts, where the dissolution of membranous tissue provides the necessary albumin.

As far as cholesterin is concerned, it is also a creation of the destruction of cells. We find it in all atheromatic, carcinomatous, tubercular and purulent substances, especially in catarrhal disturbances of the mucous membranes (sputum in bronchitis, pulmonary tuberculosis, and the like). It is the opinion of Naunyn, that cholesterin appears in bile in much the same manner.

From the data mentioned it follows that the conditions in which there is the precipitation of the cholesterin and bilirubin, have a local character and are but the destruction of the cells of membranes,

which accompanies the inflammatory complications of the gall bladder and ducts.

As was mentioned above, these various agents which have once been considered as the momentous causes and of great value in the production of cholelithiasis, simply act in the direction that they predispose to the stasis of bile in the gall bladder. But this stasis in itself is not able to bring about the inflammation of the mucous membranes of the biliary ducts. This latter is effected only by the fact that the stagnation of bile wonderfully favors the inflammation of biliary ducts and gall bladder. Hence, the inflammation of the mucous membranes of the bladder and bile ducts and the resulting catarrh of the membrane are the most necessary *sine qua non* conditions of the cholelithiatic process (Naunyn).

The bacterial theory, to which I now turn my attention, is, as we see, but the fulfillment of the local theory of causation of cholelithiasis. It is, we may say, as old as bacteriology itself. From its very origin of existence until most recent years, the parasitic theory of cholelithiasis met with great distrust, equally from the great medical circles as from the learned scientific investigators. The results, however, which have been attained in the last few years, are principally the results of investigations by Gilbert and Mignot (1898), and these furnish the parasitic theory with most solid scientific foundations.

When in 1886, Galippe proved the presence of microörganisms in the salivary calculi, and announced the opinion that all calculi which are met in the animal system are the result of chemical action, produced by microörganisms on the fluids of the system, he found but few believers, especially in its relation to the pathogenesis of cholelithiasis. The physicians and pathologists had an unwavering faith in the antiseptic properties of bile. It appeared at that time as an impossibility, that microörganisms could reach the normal bile, thrive, grow and multiply there. In a short time, however, Naunyn proved that the last part of ductus choledochus is usually not free from microörganisms, and later it was shown (by Vignal, Copeman, Winston, and Bernabel) that bile does not possess antiseptic properties.

In 1891, Létienne comes to the conclusion, after long and most thorough bacteriological investigations, that the presence of microörganisms in the biliary ducts always brings about the precipitation of various compounds of bile. But what is the nature of these microörganisms which are found in the biliary calculi? How often are they found there? What is the cause that one calculus may have within

itself microörganisms, while another does not contain them? Whether the bacteria found in calculi are alive and capable of growth or dead? Why are they alive in one while dead in another? When do the bacteria penetrate into the calculi? These and other questions were propounded, which at that time could not be given an answer. In the meantime from the answers given to these questions depended the solution of the fundamental question: Is cholelithiasis bacteriological in origin? Gilbert began to study and tried to elucidate this side of the pathology of bile.

At first he was assisted by Dominici, (1894), later by Fournier, (1896.) These investigators proved that bacillus coli was usually the microörganism of biliary calculi; that is, the same microörganism which most frequently produces the inflammation of gall bladder and biliary ducts. But soon investigations proved that also other pathogenic microörganisms are found in gall stones, as bacillus Eberthi, staphylococcus, streptococcus and others. Bacillus Escherichi, that is bacillus coli, was found either dead or alive in one third of the total number of cases investigated—seventy. Then was also established the fact that calculi which were inhabited by live microorganisms were late formations, while old calculi were sterile, or only contains remnants of dead microörganisms.

Finally, on the most thorough and special researches, the above mentioned investigators proved that among calculi which were but lately formed, some were penetrable to the microörganisms while others were not, and hence it follows that microörganisms existed in the bile even before the formation of calculi.

These new spoils in the field of bacteriology of cholelithiasis soon earned wide reputation; in a short time, however, it was noticed that their substantiative value was much over-rated. And truly so; for all adherents of the dyscratic theory agree that the presence of calculi in biliary ducts most excellently favors their infection. When the biliary ducts become infected the calculus itself may be infected; the least fissure, the least injury of the external layers may be the cause that microörganisms which have emigrated from the intestines may soon find themselves in the calculus. This impenetration of the microörganisms may occur even in unmarred calculi, as *e. g.*, in cholesterin calculi, not covered by any bilirubinate of calcium layer; it may also be proved experimentally (Gilbert et Fournier).

Admitting that all calculi are thoroughly unpenetrable by the microörganisms, what would the presence of these organisms prove when found in the gall stones? Only this, that the microörganisms

existed in the bile at the time of the formation of the stones, and surely not that they brought about their very existence. But this is not all. The frequent sterility of the gall stones—forty-three times out of seventy—provides the adversaries of the parasitic theory one excellent argument. The fact that experiments tending to produce cholelithiasis have failed (Fournier, 1896), it also seems to argue against this theory. Hence the bacteriological theory of cholelithiasis did not make great progress in 1896, as compared with the works of Naunyn and Létienne of 1891.

Finally, in the beginning of 1897, Gilbert, assisted by Dominici and Fournier, found in the gall bladder of a dog infected with bacillus coli, a well-formed calculus. The same discovery was made in a gall bladder of a guinea-pig and a rabbit, in the same year. Gilbert and Fournier while experimenting attained identical results of cholelithiasis, by the infection of the gall bladder with Eberth's bacillus.

Experimental cholelithiasis is of great value to bacteriological theory. We must admit that all the results of experiments at the hands of Gilbert and his students were purely accidental. Mignot, however, brought this experimental technique to such a standard, that what formerly was the result of a happy coincidence of circumstances, now became the regular and constant rule.

Mignot, in 1896, in a doctorate thesis, has shown that foreign bodies when sterile can remain in gall bladder for a long time and not produce inflammation or any sediment in the bile. The formation of calculi does not occur even when there is a stagnation with a partial renovation of bile in the gall bladder by the presence of a foreign aseptic body. Notwithstanding the large size of the foreign substance, and its presence for a great length of time in the bladder the walls of the later remain translucent and do not show either any thickening or inflammation and the bile does not become turbid. According to Mignot neither does the action on the walls of the bladder of a foreign substance, infected by septic microörganisms aid the formation of calculi, or the sediment which is adhering to foreign substances. As an expression of tendency toward the formation of calculi, we can mention the formation of biliary sediment mixed with pus. In all cases where virulent microörganisms were used for infection the cholecystitis was very intense, in fact more intense than is usual in cases of cholecystitis calculosa without any special complications.

In experimental productions of cholelithiasis the most important

of all is the question of microörganisms. The kind of microörganism seems to play only a secondary rôle. It is necessary that the given bacteria thrive in the bile and decompose the same, and this is the common property of many kinds of microörganisms. From the great number of these great microörganisms I can mention: bacillus coli, bacillus typhi abdominalis, staphylococcus, streptococcus, even bacillus subtilis, not a pathogenic microörganism, brings about cholelithiasis in animals. The theory of two kinds of cholelithiasis, due to bacillus coli and bacillus typhi abdominalis (Gilbert and Fournier) means only that these two microörganisms are most commonly met with in human cholelithiasis and does not answer the universally known facts. The virulence of microörganisms is more important than the kind of microörganisms. It must be as mild as possible and yet at the same time must retain the faculty of vegetation and multiplication in the bile. After many attempts at rendering the microörganisms as little virulent as possible. Mignot came to this most simple and certain method. The given bacteria are cultured for several months in bile, to which is gradually added a lesser quantity of bouillon, or the serous fluid from abdominal dropsy. In this way we may obtain pure bile; but then, it often happens that the culture dies. In the bile, with a little addition of bouillon, we can for a long time keep the culture, which is most excellent for the formation of biliary calculi. Microörganisms prepared in such a manner should not produce pus when injected hypodermatically into the animal.

But the injection of a weakened culture into the gall bladder of an animal will not suffice for the production of cholelithiasis, for a parasite which is so slightly virulent would not be able to grow on the mucous membrane; when swept away by the bile sooner or later it would be expelled from the intestine and the sediment formed in the bile would not find in the healthy mucous membrane any point around which it might gather and amass.

The microörganism must be given sufficient time to implant itself well in the mucous membrane, hence for the purpose it is well to place in the gall bladder a foreign substance, fairly large and porous, which should act as a shelter for the multiplying microörganisms—a cotton tampon or piece of fibrous material. After ten or fifteen days the tampon is removed. If a small foreign body be later introduced into the gall bladder, and the substance be attached to the wall, in order to prevent its expulsion from the bladder, we can be sure that in one or more months, we shall find around the foreign

body a calculus composed of cholesterin and biliary coloring matter, the calculus being the larger, the longer the time elapsed from the operation. The smaller the foreign substance, the better the formation. In case a tampon be infected by a given nonvirulent culture and remain in the bladder for three weeks, we can in a few months after the extraction of the tampon, without permanently introducing a foreign body, also obtain biliary calculi, but the results will not be as lasting. In such proceedings Mignot obtained in more than one third cases true biliary stones stratified and almost exclusively composed of cholesterin.

From his experiments Mignot concludes that cholelithiasis is easily produced when the biliary ducts of the animal are in certain described circumstances, the most important of these being: (1) A slight catarrh of the mucous membrane, due to the growth of microörganisms almost void of any virulency; (2) A conditional atony of the gall bladder, or generally, a complete stasis. In complete stasis the formation of true stratified calculi is impossible.

As long as bile can renew itself around the forming stones and as long as there is a bacterial fermentation of the bile, so long the calculi can increase in size. It is impossible to admit that there is an increase of the calculi after the death of the microörganisms present (in man their death occurs in a short time); in fact, supposing that precipitation of bile is due directly to the action of the microörganisms or secondary to the results of the catarrh of the mucous membrane, the death of the microörganisms in both cases will stop the formation of sediment. Invariably, if we remove from the gall bladder the calculi in the period of their growth, with great probability new stones will form there. Hence the so-called cholecystomia idealis, that is the removal of the calculi and direct closure of the bladder, is only called for or directed, when a former examination will convince of the aseptic condition of the bile. Calculi obtained in an experimental way are equally, both as to their physical and chemical appearance, entirely similar to biliary calculi as seen in man. There is a complete analogy also from the bacteriological point of view. Still there occurs a difference, which, however, often a close inspection, shows itself to be but a simulating one.

In almost two-thirds of the cases of cholelithiasis in man, the bile is sterile. This circumstance is easily explained. Bacteria cultured in pure bile die very easily. The same can occur in the biliary ducts of man. It is true that the author has never seen anything like it in his experiments, but then, the time of length of experiment

cannot be prepared with the great length of time of human cholelithiasis. And even Mignot says that in one case the bile was entirely sterile, while in the center of the calculus microörganisms have been found. We must add that in animals cholelithiasis was most easily provoked, if for the purpose of experimentation, were used microörganisms taken from cholocystitis calculosa of man.

The anatomo-pathological conditions have still greater similarity. All the authors who have studied the anatomical changes of the biliary ducts in cholelithiasis, have always noticed an inflammation in new, and hardening and disappearance in old cases. Mignot in his experiments on animals has found almost all the anatomo-pathological changes, which have been described in man. The results obtained by Mignot, Gilbert, Dominici and Fournier, are without question of greatest importance to pathology. The value of these experimental facts, however, cannot be as yet fully substantiated.

Though the very fact of possibility of experimental cholelithiasis is at present without any doubt, still there must be controlling and complete experiment, which in view of recent events, especially of Mignot's investigations, have as yet not been made. Moreover the fact that by the infection of the mucous membrane of the gall bladder we can bring about cholelithiasis, does not prove that the pathogenesis of this disease in man is always the same (Gilbert); for, though cirrhosis of the liver —using Gilbert's comparison—can be produced by the infection of tubercular bacilli in guinea-pigs, can we come to the conclusion that cirrhosis of the liver in man is also of parasitic origin? Similarly, that in an animal, under the influence of lead poisoning there is very early cirrhosis of the kidneys, are we, therefore, authorised to come to the conclusion that interstitial nephritis in man can also result from the same poisoning?

There is no doubt that the production of cholelithiasis in an experimental way forms quite a strong foundation for the bacterial theory; bacteriological investigations, which have been made in the cholelithiasis of man, find in this very fact a most important completion. But, perhaps in the matter of the formation of biliary calculi, it is not the microörganisms that play the important rôle, but rather the catarrh of the biliary ducts which they produce. In such a case, besides the microörganisms, there may be other factors which can provoke cholelithiasis. Such reasoning, in fact, has forced certain authors, to build a new hypothesis, or rather a slight change from the theory of local production of cholelithiasis. According to this theory, cholelithiasis is due purely to local changes—namely, to the

catarrh of biliary ducts. In the majority of cases the catarrh is the result of infection, or perhaps in view of this theory, it may be from some other cause. Certain formations are expelled from the system by means of the bile. Their passage through the biliary ducts may produce the congestion or inflammation of the latter. Hunter, a follower of this theory, has really shown that in a dog, the injection of toluytendyamin produced intense jaundice, with thickening and stickiness of the bile. This condition of the bile, according to Hunter, depends on the catarrh of all the biliary ducts, produced by the passage of poison or its derivatives.

According to this author in chronic dyspepsia, which is so common in people of sedentary habits, there are conditions for the production of similar toxins and their passage through the biliary ducts. Such, according to Hunter, is the beginning of small formations, which are found even in the last branches of the biliary ducts, from there, they later come with the flow of the bile to the bladder and are the kernels of large calculi. Cholelithiasis of toxic origin is but an hypothesis, which as yet has no foundation on a convincing fact.

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Progress in Medical Science.

OPHTHALMOLOGY.

CONDUCTED BY ALVIN A. HUBBELL, M. D., Buffalo, N. Y.

THE SUPERIORITY OF HOLOCAIN OVER COCAINE IN OPHTHALMIC SURGERY.

DR. HASKET DERBY, of Boston, (*Archives of Ophthalmology*, Vol. XVIII., No. 1, 1899,) has used holocain for some time and concludes that in the operation for the extraction of senile cataract it is a most efficient anesthetic. While not superior to cocaine in its superficial effect, it undoubtedly causes a greater degree of insensi-

bility of the iris. Where a simple extraction is not performed and an iridectomy has to be done, we are all familiar with the start the patients may give, as well as the pain they complain of, at this stage of the operation. Under holocain, applied after the corneal cut has been made and the anterior chamber evacuated, it is his experience that the iris very generally allows itself to be seized with the forceps and excised without much if any suffering. This is a very great practical advantage. In connection with the operation of extraction, however, it is but fair to remark on the fact that the holocain does not control hemorrhage as cocaine does, and that where the latter agent is not used we are liable to meet with a troublesome amount of bleeding.

For the removal of a foreign body from the cornea, holocain is decidedly preferable to cocaine, as it neither affects the accommodation nor enlarges the pupil, thus rendering its use possible in the case of people with a tendency to increase of ocular tension. In other operations on the cornea or iris, such as that of Seamisch for ulcus serpens or iridectomy for glaucoma, it is a well known fact that a degree of inflammation that prevents the absorption of cocaine will often yield to holocain, thus rendering the use of ether or chloroform unnecessary. Had cocaine alone been at our command, general anesthesia would have been the only resort.

In the various operations on the muscles of the eye, no local anesthetic has been found to give entire satisfaction. It can only be claimed for holocain in this connection that it is at least as efficient as cocaine, and can be used in cases where distressing constitutional symptoms have been produced by the latter.

In probing the lachrymal passage Dr. Derby still makes a preliminary injection of cocaine, the poisonous effects of holocain, when administered internally, rendering it unsuitable for such a purpose. For the same reason no subcutaneous injection of the drug can be made. But in the numerous cases where he has used it locally and superficially he has never seen the slightest general disturbance.

To sum up, then, the advantages of holocain over cocaine:

1. It does not cause mydriasis, and may therefore be used without danger of bringing about increase of tension.

2. It does not affect the accommodation.

3. It brings about a greater degree of anesthesia of the iris than does cocaine.

4. In cases of severe and painful inflammation which resist cocaine, holocain often proves efficient.

5. Unless swallowed or injected subcutaneously it produces no constitutional effects.

6. It has no effect on the corneal epithelium.

7. It is strongly bactericidal in its action.

Per contra, cocaine distinctly reduces the tendency to hemorrhage and it can be injected into the lachrymal sac, and often subcutaneously, with comparative impunity.

Such being the facts, it would certainly seem that, in the great majority of cases, holocain should supersede cocaine as a local anesthetic in ophthalmic surgery.

LOCALISATION VALUE OF OPTIC NEURITIS IN INTRACRANIAL TUMORS.

In a valuable discussion on localisation of the intraocular tumors, recently published (autumn number of *Brain*, 1898,) Marcus Gunn, of London, a most competent observer, says:

The outstanding facts of these investigations and of all clinical experience are, first, the great frequency of optic neuritis as a symptom in connection with tumor; second, the particular proneness of the optic nerve to be affected in tumor of the cerebellum, and after it, in tumor of the basal ganglia, and of the occipital, frontal and tempero-sphenoidal lobes of the cerebrum, these being mentioned here in the order of greater frequency.

Such facts are, however, evidently of practically no localising importance in any particular case. Indeed, common as optic neuritis is in intracranial tumor, we know that a large new growth may exist and be found after death, without any optic neuritis having been present; while, on the other hand, optic neuritis has been diagnosticated during life, without any cause for its occurrences being recognised by highly competent observers at the autopsy.

It is not so much the locality of an intracranial tumor, as its behavior, that influences such symptoms as headache and optic neuritis. Rapid growth or liability to sudden congestion; association with an increase of cerebro-spinal fluid, or a complication with basal meningitis, are the facts that seem to particularly predispose to the occurrence, and afterward to the severity of inflammation of the optic nerve. It is doubtless in consequence of this relation between behavior and intensity, and not from anything particular in the mere position of the new growth, that tumors affecting the cerebellum peculiarly predispose to involve the optic nerve.

Such being the case, is there anything in the character and behavior of the optic neuritis itself—apart from its mere occurrence

—that is of any localising value? I know that I have the support of some of my medical colleagues in believing that cerebellar tumor very often excites a peculiarly intense optic neuritis, with great enlargement of the papillæ, and marked edema of the surrounding retina, with, not uncommonly, a muscular stellate figure, similar to what we get in so-called albuminuric retinitis. This retinal appearance with intense papillitis is in my experience most apt to occur in cerebellar tumor and in basal meningitis—perhaps in cerebellar tumor, because it may so readily cause a basal meningitis. I have met with this form, however, in at least two cases of frontal tumor, in neither of which, I believe, was there any evidence of the basal meninges being involved.

We know that in some cases of optic neuritis, there is a markedly rapid increase in the amount of swelling of the papillæ, presumably due to the concurrent increase of intracranial pressure, for the converse at least is true, that a surgical relief of intracranial pressure is followed by, and doubtless causes, a similarly rapid diminution of disc-prominence. If it can be shown that tumors in certain localities are particularly liable to raise intracranial tension, then this ophthalmoscopic sign would have some localising value, but not otherwise.

And now a few words as to a possible relationship between uniocular optic neuritis and one-sided brain tumor. The explanation of optic neuritis accompanying intracranial tumor is confessedly still obscure, and it is difficult to realise why, on any of the theories advanced, one optic nerve should be attacked and the other long remain normal. But unilateral excess of neuritis may admit of explanation.

1. If optic neuritis be of the nature of a gradually extending inflammation, communicating along the pial sheath of the nerve from the basal meninges, a greater proximity of the exciting tumor to one optic foramen would cause the optic nerve passing through it to be first involved. If this reasoning be correct, in the case of one-sided growth affecting the base far toward the frontal and anterior part of the tempero-sphenoidal lobes, the optic neuritis would be first recognised, and would for some time be in excess, on the same side as the tumor. In the case of a tumor located farther back, the affection of the pia mater would presumably extend forward equally along both nerves after it had reached the chiasma; and in such a case, accordingly, the optic neuritis might be expected to appear practically simultaneously, and be equal in intensity, on the two

sides, and that, in any case, it would have no lateral localising significance. A one-sided difference of neuritis proves to be much more common in tumors of the cerebral lobes than in tumors of the cerebellum.

2. On the theory of a *descending cerebritis*, it is impossible to understand how the inflammation can fail to be transmitted along both optic nerves on passing the chiasma, even though it had previously been confined to one optic tract. The same remark applies to the supposed influence of the external geniculate body.

3. If increased intracranial pressure be taken as the determining cause, it is manifest that the actual tension must be the same in all parts of the cranial cavity, and that if the two optic nerves are systematically situated they must be equally exposed to the effects of the pressure. But it is possible that anatomical differences, developmental or pathological, may be responsible under pressure-causation for some of the very rare cases where one optic nerve only is inflamed, and of much more common instances of one nerve being involved in advance or in excess of the other. Minor degrees of want of symmetry of the cranial bones on the two sides are not uncommon. And should the disposition and size of the optic canals be in this way different, it is conceivable that this may determine the escape of one nerve, or a modification of its proclivity to the effects of pressure. But of this form of asymmetry we know nothing exact.

Of want of symmetry farther forward, however, we know much more. It is, I think, a fairly general belief, as was pointed out by Gowers, that optic neuritis is, on the whole, more common in hypermetropic eyes. If, with due regard to the frequency of hypermetropia, this is really true, as it seems to be, then it would be interesting to find how far this may be responsible for unequal optic neuritis. In measuring the swelling of the papilla we always require to estimate the refraction of the eye away from the optic disc, at or near the macula, by preference, and it is customary from these data to compare the height of the disc above the general fundus-level in the two eyes. But it would be important also to compare the refraction of the two eyes. How far such a factor is influential, I am not able at present to say; it is unlikely that it should be important except where the difference in refraction is very decided. Of course, its influence, if actual, would minimise the localising value of unsymmetrical optic neuritis, restricting its applicability to cases where the refraction of the two eyes is the same or nearly so.

On the whole, then, while we all fully recognise the value of the ophthalmoscope in the diagnosis of intracranial tumor, it is necessary

to be on our guard not to expect too much from such information, either as to the size of the tumor or its localisation, or disappointment will be the result. Carefully recorded observations, however, may yet teach us much that we wish to know. At present I do not think that we are justified, in respect to this method of localising intracranial growths of saying more than

1. That intense double optic neuritis, with much swelling and surrounding retinal change, coming on quickly, suggest the *cerebellum*.

2. That one-sided optic neuritis, or marked difference, suggests the *cerebrum*, and is, on the whole, in favor of the tumor being on the same side as the excess of neuritis, where there are other reasons for localising one in the front of the cerebrum.

MEDICINE.

CONDUCTED BY ALBERT T. LYTLE, M. D., Buffalo, N. Y.

HYDROCHLORIC ACID IN RHEUMATISM.

R. A. BAYLISS (*British Med. Jour.*, July, 1977,) uses the stronger hydrochloric acid of the British pharmacopeia, applied with a glass brush, for relief of the tenderness in sciatica and pain in the heels and soles in acute rheumatism. The application is made every night or every other night, after which the part is encased in cotton, loosely bandaged. The application does not cause blistering nor does it produce pain. He paints the acid over the tender spots that are located in the thigh and calf. His statistics comprise 16 cases sciatica, 3 not relieved, 11 considerably relieved and two cured; 10 cases plantar and heel pain in rheumatism, 5 not relieved, 1 greatly relieved and 4 cured. The treatment lasted one to five weeks.

TREATMENT OF DIABETES MELLITUS.

F. A. MOUCKTON (*British Med. Jour.*, 1977,) suggests the use of boric acid and sodium sulphocarbolate in the treatment of diabetes mellitus to check the fermentation changes that produce the sugar in the system. He reports successful treatment of several cases.

FUNCTIONAL HEART MURMURS.

DR. MAUDE ABBOTT, (*Phil. Med. Jour.*, 49), in a paper on functional heart murmurs, read before the Montreal Medico-Chirurgical Society,

concludes as follows from 466 cases occurring in a list of 2,780 cases examined that: (*a*) Functional murmurs often occur associated with neither anemia or fever, but with some form of intoxication; (*b*) diastolic murmurs have been noted which do not appear to have an organic origin; (*c*) in cases of anemia, pulmonary accentuation is often associated with a pure accidental murmur; (*a*) although accidental murmurs are generally heard at the base and those of relative mitral insufficiency at the apex, accidental murmurs are sometimes, though not always, heard best at the apex.

REACTION OF QUININE ON THE URINE.

CHRISTOMANOS (*Berlin Klinische Wochen.*, October 31, 1898,) calls attention to the fact that quinine in the urine will give a reaction like albumin when the latter is tested for by a solution of picric acid. The heat and the ferrocyanid tests, however, do not give this reaction, but if both albumin and quinine be present in the urine the quantitive determination of albumin by the use of picric acid will give too great a reading.

CASTS IN THE URINE.

A. R. EDWARDS (*Am. Jour. Med. Sciences*, October, 1898,) states that casts in the urine are found more constantly than albumin in cases of nephritis; they may in a given case indicate kidney degeneration rather than inflammation; they are not invariable in nephritis, but they are invariably nephritic.

PYROSAL IN ACUTE RHEUMATISM.

PYROSAL, (*Deut. Med. Woch.*, October, 1898,) a compound containing antipyrin 50 per cent., salicylic acid 36 per cent., acetic acid 14 per cent., dissolving with difficulty in water or alcohol and decomposing readily by the action of acids or bases into its constituents is recommended for use in acute rheumatism.

Phenosal, a compound containing phenacetin 57 per cent. and salicylic acid 43 per cent. acts in a similar manner to pyrosal. The claim is made that upon the whole they are more prompt in their action than salicylic acid alone. Dosage, 0.50 to 0.60 gms, taking not more than 3.50 gms in 24 hours.

INCISION FOR FOOT BLISTERS.

FOOT blisters (*Jour. Am. Med. Assn.*, November, 1898,) heal rapidly without pain or inflammation if they are incised the whole length

with a bistoury and emptied, then each lip raised with a sound and the cavity sprinkled with iodoform powder. The blister is then covered with a thin layer of cotton and a small piece of adhesive plaster applied outside. No inconvenience is felt in walking, even at once; the wound dries in a few hours and new epidermis soon forms.

THE MANAGEMENT OF PATIENTS BEFORE AND AFTER LAPARATOMY.

DR. FREDERICK HOLME WIGGIN (*New York Medical Journal*,) says "if the operation is to be performed at an early morning hour (8 a. m.) the patient should be given a peptonised milk punch at eleven o'clock the previous evening, and if he awakens at 5 or 6 a. m. one ounce of liquid peptonoids may be given, but nothing more. It has been the writer's experience that a small amount—one ounce— of stimulating and concentrated food, administered about two hours prior to taking of the anesthetic, dimishes the liability to heart failure, and also lessens the nausea and vomiting which frequently follow the return to consciousness. If an afternoon hour has been decided upon, another peptonised milk punch may be given the patient when he awakens, and one ounce of liquid peptonoids at 11 o'clock a. m."

In considering the after-treatment, the author says:

"With the passing of these first twelve or eighteen hours, if the patient is not suffering from nausea or vomiting, and the pulse rate is much the same as before the operation, a drachm of liquid peptonoids or some other similar preparation may be given, and repeated, if well borne, every twenty minutes until four doses have been taken, when after an interval of two hours a small quantity of equal parts of milk and lime water or, if peptonised, milk may be given from time to time, until four ounces has been taken. After this there should be an interval of two hours and then half an ounce of liquid peptonoids may be administered."

GENITO-URINARY AND SYPHILITIC DISEASES.

CONDUCTED BY BYRON H. DAGGETT, M. D., Buffalo, N. Y.

SYPHILITIC HEMIPLEGIA.

HAROLD N. MAYER in a clinical lecture (*Chicago Clinic, Nov.*, 1898,) states that syphilitic poison much more frequently causes thrombosis and cerebral softening than rupture of a blood-vessel. Dana states that less than one-sixth of cases of cerebral hemorrhage

are due to lues. The patient, male, 37 years old, printer, contracted syphilis 9 years before and apparently recovered. About five years after the infection, was attacked with sudden giddiness and a sinking sensation, followed for three days by mental confusion. About six months afterward he suffered another attack, less severe, but causing a slight catch in his right arm, which continued for four weeks. Six months later he forgot himself for a short time. Two and one-half years ago he suffered another attack of dizziness which apparently passed off, but was followed during the day by twitching of the right arm and leg and the following morning he awakened with complete paralysis of the right side of the face, right arm and leg. After this attack of paralysis the syphilitic nature of the process was recognised and he was given a thorough course of anti-syphilitic treatment. Under this treatment his condition steadily improved so that he was able to partly resume his occupation.

His physical condition is fair; there is a slight defect in his gait, he can use his arm nearly as well as ever, the right side of the face is smoother than the left. His speech and pupils of eyes are normal. Knee jerks are slightly exaggerated. This case illustrates a typical hemiplegic attack of syphilitic origin. Usually syphilitic hemiplegia is due to thrombosis and not hemorrhage. Thrombosis is indicated by the prodromal attacks which precede the complete paralysis, the mode of onset of the attack, the twitching of the muscles and slow development of the paralysis. Dana alleges that almost all cases of hemiplegia occurring during sleep are thrombotic. The early symptoms were important and should have been sufficient to have diverted attention to a possible syphilitic infection within a few years past.

Every syphilitic patient who complains of disturbed consciousness and speech, vertigo, numbness, tingling neuralgic pains should usually have a specific treatment. In this case vigorous specific treatment relieved the hemiplegia and inhibited the return of the symptoms and probably if the correct relation of the luetic infection and the prodromal symptoms had been recognised and appropriate treatment applied, hemiplegia would not have happened. The golden opportunity in the treatment of nervous syphilis is in the beginning and it should be vigorous treatment. Mercury and the iodides should be used to saturation. If benefit does not come early from this treatment suspend it.

SYPHILITIC ERUPTIONS AND SIGNS IN THE SKIN OF FORMER SYPHILITICS.

G. H. Fox (*N. Y. Med. Jour.*, April 8, 1899,) states that syphilis of the internal organs is more or less obscure, but cutaneous syphilis is marked by characters so distinct and plain that "he who runs may read." It usually presents such striking and pathognomonic features that its nature is apparent to the eye.

The chief characteristics of syphilodermata are the color, absence of itching and peculiarity of configuration. The color sign is not always typical and cannot be relied upon as a basis of diagnosis. The absence of itching is a common rule with a few exceptions. Pustular syphiloides with crust formation frequently produce pruritis.

The most reliable basis for diagnosis and the most characteristic clinical feature of syphilodermata is its peculiar configuration. The eruptions, which appear during the first three months or the first year, are extensively disseminated and perfectly symmetrical. There is a tendency to corybiform arrangement or grouping in certain relapsing eruptions, yet the eruption on one half of the body is usually duplicated upon the other half. The tendency after the first year is asymmetry and limitation to a portion of the body. The late lesions tend to group and form in a circle; to serpiginous or peripheral extension of the patches and to gummatous ulceration. In many cases the disease may run its course and leave no perceptible trace. In doubtful cases the patient should be stripped and carefully examined from head to foot. In no case is a physician justified in certifying that a patient is free from syphilis.

The cutaneous manifestations of previous syphilis, in the absence of late eruption, are either pigmentary or cicatricial. Pigmentation may last for years, especially upon the leg, still it is not reliable as a sign of a previous existing syphilis. Cicatrices may last for a lifetime, yet they are not reliable signs.

There is nothing absolutely characteristic about a single scar left by a syphilitic lesion. The number of scars, their location and peculiar arrangement indicate their origin beyond a doubt. Location of scars is often quite as characteristic as their peculiar conformation. Small, rounded, smooth, white and depressed scars, grouped or semi-circular, located upon inner and upper surfaces of the leg, indicate syphilitic origin. Traumatism and eczema will produce similar scars, lacking this peculiar grouping, location and configuration.

Abstracts.

THE RELATION OF PUBLIC PARKS TO PUBLIC HEALTH.

By ORLANDO B. DOUGLAS, New York, N. Y.
Fellow New York Academy of Medicine.

HAVE public parks an effect on public health? Has the money expended for them brought adequate return to the people in the way of lengthened life or better health? Figures are wanting—or are inadequate—to prove that parks give health, or to show the number of years added to human life, and the amount and degree of health given to men, women and children by their influence. Tables may show who and how many people visit the parks, and how many hours are spent there. But statistics fail to include—and the scales are yet to be made that can weigh—the influence and sunshine of pure air, the effect of balsamic emanations, of ozone from the pines, odors of flowers and grasses, that are made accessible to the people by public parks. Who can tell from what ills he has been saved by the rest and quiet obtained in nature's sanatorium; by her soothing lullaby sung in the treetops!

Gold that brings health can never be ill spent.

The subject of public sanitation concerns every man, woman and child; touches every hearth and home; involves every institution, its power, production and perpetuity; every trade and occupation; domestic purity and happiness; the duties and privileges of property; national health, morals and longevity; the exercise of charity and the growth and fruitage of our common Christianity. Its end is to preserve and improve man physically, and thus purify and perfect the immortal. It is immediate in its action and far-reaching in effect. The great qualities of any people depend, in large measure, upon the health and physique of individuals.

Last November Warren Manning sent out a large number of letters to leading physicians in this country, and a few in foreign countries, asking for an answer to the following questions, viz.: First, has the enlargement and improvement of the public park system in cities resulted in diminishing the rate of increase in nervous diseases, or in the improvement of the general health in cities? Second, Is

it true that quiet, pastoral scenes, and the absence of noise and excitement, have a beneficial effect upon persons afflicted with nervous diseases? Third, do you find that brilliant color-effects—such as are often provided in flower gardens—are a source of irritation to persons thus afflicted?

Dr. Raffegean, Vesinet, France, who has given much attention to the effects of colors upon nervous and insane people, and reports many interesting cases in illustration, says: "I am convinced that the enlargement and development of public parks has tended to diminish the progress of nervous diseases, and to improve the health of the inhabitants of cities, but I know of no statistics regarding this. It is undeniable that their removal from noises and excitement has a beneficial effect on those who are victims of their nerves. The bright colors which irritate nervous people are the red, and the colors that approach this, *i. e.*, orange and yellow; while violet and the other colors of the rainbow are calming. For this reason, nature has given to the leaves of trees and plants the color of green, while the sky is blue and the sea is azure. Nothing rests the eyes more than a beautiful field."

The two Buffalo physicians who responded sent in the following replies:

Dr. A. W. Hurd, Buffalo, N. Y., says: "Anything which promotes the general physical health of patients is an advantage in the cure of mental diseases. For that reason parks, gardens, flowers, farms, with the accompanying fresh air, oxygen, exercise, are of advantage. It is hard to give any statistics as to how much more of nervous diseases would prevail if we had no parks, but you may safely rest on this general principle."

Dr. Wm. C. Krauss, Buffalo, N. Y., believes the park system materially lessens the functional nervous cases and their severity, but cannot see how they can influence the chronic or organic diseases of the nervous system. That quiet, pastoral scenes exert a beneficial influence on functional nervous diseases goes without saying: we send such cases to the country for rest and quiet.—*Transactions American Park and Outdoor Art Association, 1898.*

TREATMENT OF INSANITY.

DR. F. W. LANGDON, of Cincinnati, in an excellent article on the Treatment of Insanity, refers to the preventive measures to be taken in childhood as follows:

The neurotic child should not be made a man or woman before its time; should not be taken to funerals, theatres, religious revivals and other emotional exhibitions; should not be put in competition with stronger children at school. How often is the opposite course pursued by parents because the child is "bright," which in most cases means "weak," *i. e.*, easily impressed. If association of a child with a hysterical parent is to be condemned, how much more important that it be not brought into intimate association with insane relations! It would be an advantage to many of these neurotic "border-line" children if they could be kept from school until such time as nature has developed their neurons more fully and proper inhibitory connections are made. But, protests the parent, my child must have an education—must hold a position in "society."

Such parents should be warned that an imperfect fruit may be gathered at the expense of loss of the tree. It is our duty to advise parents not to "push" these children at their studies, to take off the pressure and allow the nerve elements to attain the best proportions possible to their nature. A few years spent in the sunshine of the fields and woods, with careful attention to general hygiene and nutrition, are worth more than all the veneer of civilisation to these backward plants."

He summarises the treatment of the insanities as follows:

1. A great majority of first attacks are amenable to home treatment if proper facilites for isolation, nursing, hygiene and medical attention are procurable.

2. Treat the patient not the insanity.

3. Treatment should consist of: (*a*) Causal treatment, removal of excitants and depressants; (*b*) Somatic treatment, eliminative and nutritional; (*c*) Symptomatic treatment, to allay restlessness, to promote sleep, to secure development in adolescence, to favor involution in the climacteric; (*d*) Institutional treatment is advisable in paranoia with dangerous delusions, in recurrent mania with violence, in paresis, in the terminal dementias following other insanities, and in all cases where proper isolation and nursing cannot be afforded, or where the associations are such (children, etc.) as to make the patient a menace to the psychic health of others.—*Cincinnati Lancet Clinic.*

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TYPHOID FEVER IN THE MILITARY SERVICE.

WHILE the subject of camp typhoid has been frequently discussed of late both in medical societies and in the journals, it is by no means exhausted. This remark has all the more cogency in view of the fact that no plan has yet been devised to prevent the spread of this absolutely preventable disease in the camps of our soldiers.

We have been still more impressed with this fact since the publication of a paper by Dr. Victor C. Vaughan, of Ann Arbor, read at the recent meeting of the Association of American Physicians at Washington; and especially in reading the discussions thereon. It will be remembered that Surgeon-general Sternberg last summer appointed a commission composed of Major Walter Reed, Surgeon U. S. army and Majors E. O. Shakespeare and Victor C. Vaughan, surgeons U. S. Volunteers, to investigate the causes of typhoid fever in the army camps and report upon a method looking to the prevention of its recurrence in the future.

The paper of Dr. Vaughan above referred to is, practically, a synopsis of the work of this commission, although it is not yet completed, hence this may be regarded in a sense as a preliminary report. In the pursuit of the investigation all the large camps in the United States have been visited, personal inspections have been made, sources of water supply have been studied, quantity and quality of food looked into, nature of soils investigated, sinks, mess tents, disposition of refuse and fecal matter examined; indeed, every known factor contributing to the propagation of typhoid has been overhauled and thoroughly delved into.

Dr. Vaughan says that one of the first difficulties met was that of incorrect diagnosis, typhoid fever being most generally mistaken for protracted malarial fever. Competent experts were obtained, scientific examinations of the blood made and the Widal test applied in febrile cases. These examinations disclosed the fact that so-called malaria was a very rare disease among the soldiers in the United States, not one case having been found at Camp Alger, and but one at Chickamauga. Dr. Vaughan says there can be no doubt that reported cases of malaria in almost every instance were typhoid fever.

The infection was very general, more than 90 per cent. of the volunteer regiments becoming so before being ordered to government encampments, having brought it from home or from the state encampments. Inquiring into the methods through which the disease was spread, it was determined that the water supply of the larger camps was not infected, strong evidence of which existed in the fact that at many places the soldiers and citizens received their drinking water from the same sources and yet there was no typhoid among the citizens. How, then, did the disease spread? It was not due to sending Northern men into a Southern climate; nor yet to the locality, or to the massing of men at a given place; but, says Dr. Vaughan, it was caused by the improper disposal of excreta; that is to say, by camp pollution therewith. The paper states that the men's feet distributed the excreta; that flies carried it to food; and through this avenue was it spread.

The inevitable conclusion to reach from all this is that the only means of preventing a spread of infection is the complete sterilisation of fecal matter in camps that are to be occupied three weeks or longer.

Dr. Vaughan's paper received marked attention and was discussed by a number of the members, including Surgeon-general Sternberg, himself. Dr. Sternberg in the course of his remarks deplored the fact that the lessons of the civil war should be so soon forgotten and referred to his sanitary circular of April 25, 1898, in which he pointed out the dangers of infection and explained how it was to be avoided. He said that doctors in civil life do not pay sufficient attention to the sterilisation of the excreta of typhoid patients. These were the men who became medical officers in regiments, and it could be easily seen how neglectful they would become of this important matter. He said the trouble was the surgeons knew very little of sanitation because of their inefficient training in the

medical schools, most of which pay little or no attention to sanitation or hygiene.

Dr. Jacobi remarked that he was ignorant as to the duties and powers of the surgeon-general, but he thought that officers should not be compelled to accept all the rubbish foisted upon him by an ignorant governor.

In reply Dr. Sternberg said that he did not mean to be understood that the men who went with the regiments were below the average; indeed, that they were no worse than many left at home, prevented by large practices from accepting army appointments. He further pointed out that one of the chief difficulties in the way of enforcing camp sanitation among the volunteers lay in the fact that line officers for the most part ignored the surgeon's recommendations, declaring they would pay no attention to "doctors' fads."

Dr. George Dock, of Ann Arbor, said that most volunteer surgeons started out with the expectation of fighting only malaria, and that some surgeons gave as much as thirty to forty grains of quinine a day, but did not recognise the typhoid patient that was also suffering from an overdose of quinine.

Dr. Solis-Cohen, of Philadelphia, came to the defense of the volunteer regimental surgeon, citing the record of a Pennsylvania regiment that had almost no fever, and but two deaths from any cause. This he claimed was due to the efficiency of the medical and line officers who worked together to carry out proper sanitary measures. He did not believe that surgeons were wholly responsible for the ravages of typhoid, but agreed with Dr. Sternberg in charging the responsibility home to the line officers, who, for the most part considered sanitary suggestions as medical fads.

Some other members participated in the discussion, but these were the main points developed. Dr. Vaughan in concluding remarked that the average volunteer surgeon was better than the average doctor in civil life, and insisted as the point of the whole matter that the medical officer is powerless unless the line officer upholds him and follows his directions. He suggested the propriety of teaching at West Point to the future line officers of the army a complete knowledge of sanitation and hygiene. He said the medical officers in the late war had hard work thrown upon them and that they did it well in spite of the difficulties.

It seems to us the effect of this paper and especially its discussion ought to prove beneficial. Much of it follows lines mapped out by the Buffalo Sanatory Club in its work last winter, and by the Medi-

cal Society of the State of New York in its discussion of a similar problem.

It would seem that these several intelligent discussions of camp sanitation and the danger of infection by its neglect, ought to stimulate congress to arm the Surgeon-general with ample powers to prevent a repetition of the direful calamity that befel us in the Spanish war.

ST. CLAIR MCKELWAY, ESQ., editor of the *Brooklyn Eagle* and regent of the University of the State of New York, made a speech at the annual banquet of the Associated Press, which was held at the Auditorium Hotel, Chicago, May 17, 1899.

In the course of his speech, the theme of which was Press and the Times, Regent McKelway, who was received with much enthusiasm said :

This war found an indissoluble Union of indestructible states, compact of purpose for liberty and humanity. Other interests may tell their own story of participation in the duties and of right in the honors of that conflict. Our own calling has no story to tell of that kind. For the telling of the story of the war itself was our participation in it, and the right and the true telling of it is our claim to a share in its honors. By universal admission, that has been well done. There was unreadiness in our offices for the work. But so there was in the War Department. There was an inadequacy of staff organisation, so to speak, in our offices for the duties devolving on us. But so there was in the same department. And in our cases that inadequacy was repaired. New functions and new forces were extemporised—and not found wanting. New blood was sought and found. New methods were devised. And no commission of investigation and no court of inquiry have been ordered to sit upon our derelictions, to pass on our incidental errors, or to sift our mistakes of the past for the greater security and sufficiency of the future.

I wish in all seriousness, to say that the press of the United States, has, in the main, well served the country. A percentage of our newspapers, as large as ninety-five out of every hundred, sustained the war. The few which did not sustain it in part atoned for that by fairly and fully reporting it. They exhibited the not undesirable exceptions which illustrated the general excellence of our common calling.

It must be admitted that the unity of the press, the substantial unity of the press, for the war has not been followed by absolute unity among its members on the results of the war. Fixed facts, however, have commanded that respect, even with newspapers, which they generally command everywhere. There is no newspaper which believes that we are in Porto Rico ever to get out. We are there to

stay. There is none which believes that we are in Cuba to get out—soon. I think we will stay there about as long as Great Britain will stay in Egypt, and that Great Britain will stay in Egypt about as long as the Anglo-Saxon race has a habit of staying where it settles down. The duration of our stay in the Philippines is prodigiously debated. While the debate goes on we stay. If the debate coincides with our stay, I think it will be a protracted debate.

Let us, as newspaper men, bear a few facts in mind, whether we like them or not. One is that the Constitution is the Constitution of the States and not of the Territories, except as it may be extended over the territories by legislation. Another is that territories unorganised by congress are under the powers which this nation has, as a nation, and which it has without regard to its Constitution. These powers are absolute. This nation had them when it declared its independence and before it made its constitution. In those powers are involved the right of existence, of defence, of aggression and of conquest. The Constitution divided up certain powers among the states and in the general government, but it neither made our nationality nor limits our national powers in dealing with other nations. The territories which we acquire may come within the rights of the Constitution in the ways by law provided, but they can come in no other way, and until they do come in or are brought in they may have rights, but they are not constitutional rights. They may suffer wrongs, but they will not be constitutional wrongs; they are under the control of our nation, as a nation, and of our government as the representative of a nation in its national as well as in its more strictly defined constitutional powers.

Another thing to bear in mind is that we could not leave Spain in the Philippines and could not restore the Philippines to Spain without making ourselves worse than Spain in history, and without putting or leaving a national enemy to work us harm in the very heart of the commercial world of the far East. I need not talk to those that think that the Filipinos are capable of self-government. Men who can believe that can believe anything. The Filipinos comprise many tribes at odds with and strangers to one another, differing in religion, in language and in habits, and some of them have been left for centuries in the savagery of which head-hunting and cannibalism are perhaps the mildest variations. The more intelligent of them, who have unwisely confronted our troops, are led by men who will be without occupation when they have no cause to sell and no government to market. Those who can regard them as heroes, patriots, as virtuous, and as intelligent, resembles the lecturer whose boast it was that he made his facts as he went along. All the evidence is against them.

I take it, we are going to hold those islands. I doubt not we shall find difficulty. Difficulties, however, alter not duties. No man living knows what we will do with them or should do with them, for we are learning as we go along. The situation was not of our making, could not be of our preventing, and will not be one which

we will abandon or run away from. The Philippines are a finality. We have them and we hold them. We will govern them under the universal right and obligation of the capable to govern the incapable, cast upon their hands. We will do them the good which the Pilgrim and the Quaker, the Huguenot and the Cavalier, would have done to the Indians, had the Indians had sense enough to accept it. They had not, and the rest followed. Good, or the consequences of the rejection of it, will follow in the Philippines. The world will not stop; it will go right on. The higher races will school or harness the lower ones to the work of the ages, and American newspapers should not captiously forget that fact in their long outlook on events.

PERSONAL.

DR. CHARLES A. L. REED, of Cincinnati, has resigned from the state board of medical registration and examination. The entire profession of the state will learn of this step with sincere regret as his work upon the board has been of the very greatest value. The work which he accomplished in Cincinnati alone has been something almost phenomenal. The profession loses from this position one of the most capable and energetic men whom it is possible to find in the state. Dr. Reed's reasons for this step, however, are that his own interests will no longer bear the serious sacrifice of time which has been necessitated by his successful work in that position. On April 28th, the Governor appointed Dr. A. Ravogli, of Cincinnati, to fill the vacancy made by Dr. Reed's resignation.—*Cleveland Journal of Medicine.*

DR. DANIEL LEWIS, of the City of New York, was reëlected president of the state board of health at its annual meeting, held at Albany, May 11, 1899. This is a proper recognition of the service Dr. Lewis is rendering the state as an efficient public health officer.

DR. FLOYD S. CREGO, who is abroad on account of ill-health, is reported to be improving rapidly. He expects to spend the summer in Heidelberg and to return to Buffalo in the early autumn when he will resume the practice of his profession.

DR. JOHN DODDS FLAGG, of Buffalo, announces his removal from 322 Pennsylvania street to the Wellesley, corner of Franklin and Edward streets. Practice limited to diseases of the eye and ear. Hours: 9 a. m. to 1 p. m.

DR. A. B. ALLEN, of Buffalo, begs to announce the removal of his office and residence from 962 Fillmore avenue, to 413 East Utica street, near Jefferson. Hours: 9.30 a. m., 1 to 3 and 7 p. m.

DR. N. L. BURNHAM, formerly resident physician Buffalo General Hospital, has established his office at 478 Franklin street. Hours: 8 to 9 a. m.; 2 to 3 and 6 to 7 p. m. Telephone.

DR. ANDREW F. CURRIER, of New York City, has moved his office from 120 East Thirty-fourth street to 113 East Fortieth street. Hours: 11 to 1. Telephone, 1025, 38th.

DR. WILLIAM C. KRAUSS, of Buffalo, will sail for Europe, June 13, 1899, for a six weeks' tour of recreation. Mrs. Krauss will accompany him.

DR. JOHN B. DEAVER, of Philadelphia, has resigned as assistant professor of applied anatomy at the University of Pennsylvania.

DR. GEORGE F. COTT, of Buffalo, has removed from 1302 Michigan street to 16 Woodlawn avenue.

DR. GEORGE S. PALMER, of Buffalo, has removed from 280 Franklin street to 325 Franklin street.

SOCIETY MEETINGS.

THE Third District Branch of the New York State Medical Association, will be held at Elmira, Thursday, June 1, 1899, under the presidency of Dr. F. D. Reese. An interesting program has been prepared and a good attendance is expected. Dr. L. W. Higgins, of Cortland, is the secretary.

THE Ohio State Medical Society held its 54th annual meeting at Springfield, May 10, 11 and 12, 1899, under the presidency of Dr. N. R. Coleman, of Columbus. A large and interesting program was disposed of and the meeting was one of the best in the history of the society.

THE Buffalo Academy of Medicine held meetings during the month of May, 1899, as follows:

Section on Surgery.—Tuesday evening, May 2d, program: Impressions of a medical man in Cuba, Marshall Clinton, 1st Lieut. and Assistant Surgeon 202 Infantry, U. S. V.

Section on Medicine.—Tuesday evening, May 9th, program: The use of alcohol in the treatment of disease, Joseph W. Grosvenor; discussion by Henry R. Hopkins, A. L. Benedict, E. L. Frost, Sydney A. Dunham, J. Grafton Jones.

Section on Pathology.—Tuesday evening, May 16th, program: Aortic anuerism, with specimens, also specimens of gall stones, Joseph P. F. Burke; exhibit of gall stones, by Dr. Carr.

Section on Obstetrics.—Tuesday evening, May 23d, program: Painful menstruation, C. E. Congdon. Physicians, surgeons, and fees, S. Y. Howell.

THE Medical Society of the County of Chemung held its regular meeting at Elmira, May 16, 1899. The following was the program: J. W. Gee, president of the society read the annual address; C. G. R. Jennings, Report of an interesting case; F. W. Ross, Typhoid fever among raw troops; Wm. C. Krauss, of Buffalo, N. Y., read a paper on nasal and cranial diseases, their close relation.

THE ninth annual meeting of the National Association of Homeopathic Medical Examiners, will be held at Atlantic City, New Jersey, on Monday afternoon, June 19, 1899.

Members and ex-members of state medical examining boards, of either school of medicine, are cordially invited to attend this meeting of the association. H. M. Paine, secretary.

THE Medical Society of the County of Erie will hold its regular semi-annual meeting at the Buffalo Academy of Medicine parlors in the Market Arcade, Tuesday, June 13, 1899, at 10 o'clock a. m., under the presidency of Dr. J. B. Coakley, of Buffalo. An interesting program is in preparation.

THE American Medico-Psychological Association held its fifty-fifth annual meeting at the Waldorf-Astoria, New York, May 23, 24, 25 and 26, 1899.

THE American Dermatological Association held its twenty-third annual meeting at Hotel Walton, Philadelphia, May 30 and 31 and June 1, 1899.

THE Esculapian Club held its regular meeting, Thursday, May 18, 1899, at the residence of Dr. W. B. Salesman, 332 E. Ferry street, corner Northland avenue. Dr. A. J. Colton read a paper entitled, Infantile eclampsia.

THE ninth annual meeting of the American Electro-therapeutic Association will be held in Washington, D. C., on September 19, 20 and 21, 1899, under the presidency of Dr. F. B. Bishop, of Washington.

Quite a number of papers of more than ordinary scientific value have been promised and the committee of arrangements ensures the members a very entertaining and pleasurable meeting. Aside from the sessions of the Association, the committee has completed arrangements for a trip to Mount Vernon, one to Arlington, and several other social features. The headquarters of the association will be at Willard's Hotel, where special rates will be given to members and their families during the meeting.

THE American Academy of Medicine will hold its twenty-fourth annual meeting at Columbus, O., June 3 and 5, 1899, in the Assembly Hall of the Hotel Chittenden, under the presidency of Dr. Edward Jackson, of Denver, Colorado. The secretary, Dr. Charles McIntire, of Easton, Pa., has prepared a program that is both unique and handsome and an interesting meeting is anticipated.

THE National Confederation of State Medical Examining and Licensing Boards will hold its next meeting at Columbus, June 5, 1899, beginning at 10 o'clock a. m. It is composed of members of the various state medical licensing and examining boards and its officers are as follows: President, William Warren Potter, Buffalo, N. Y.; vice-presidents, E. L. B. Godfrey, Camden, N. J.; William Bailey, Louisville, Ky.; secretary-treasurer, A. Walter Suiter, Herkimer, N. Y.; executive council, chairman, William S. Foster, Pittsburg, Pa.; Joseph M. Mathews, Louisville, Ky.; Hugh M. Taylor, Richmond, Va.; W. H. Saunders, Montgomery, Ala.; Charles K. Cole, Helena, Mont.; committee on minimum standard of require-

ments, chairman, N. R. Coleman, Columbus, O.; Gardiner Swarts, Providence, R. I.; T. J. Happel, Trenton, Tenn.; Augustus Korndoerfer, Philadelphia, Pa; W. R. Tipton, Las Vegas, N. M. The sessions will be held in the Senate Chamber, State Capitol. Governor Asa Bushnell will deliver the address of welcome on behalf of the state, and Dr. C. A. L. Reed, Cincinnati, on behalf of the physicians of Ohio. President James Canfield, of the Ohio State University, will deliver an address before the meeting, entitled, An educational foundation for a physician's special training. The committee on minimum standard of requirements, will make its report. The work of this committee constitutes the most important object of the confederation, which is to elevate and make uniform the standard of requirements for admission to medical colleges, to harmonise, as far as possible and make parallel their courses of study and to discuss the best methods of conducting examinations for license to practise, in all the various states of the Union. Inasmuch as the membership of the confederation is made up of physicians who have positions on the official boards governing these matters in the several states, it can be seen that its deliberations will have considerable influence in medical legislation and the enforcement of such laws.

THE Alumni Association of the Medical Department of Niagara University held a meeting May 3, 1899, at the Buffalo Library building. The following officers were elected for the ensuing year: President, L. J. McAdam; first vice-president, J. P. F. Burke; second vice-president, M. A. Sullivan; secretary and treasurer, W. H. Norrish; executive committee, J. J. Finerty, L. G. Hanley, E. A. Forsyth.

The following papers were read and discussed: Uterine fibroids, C. E. Congdon; Neurasthenia from the standpoint of a general practitioner, C. W. Coulter, of Oil City, Pa.; Osteomyelitis, E. M. Dooley. The annual banquet was held in the evening at the New Gruener Hotel.

COLLEGE AND HOSPITAL NOTES.

THE University and Bellevue Hospital Medical College held its annual commencement exercises May 16, 1899, at the Metropolitan Opera House, New York, at 8 p. m., at which time 162 graduates received their degrees. Of this number twenty-nine secured hospital appointments after competitive examinations.

By the will of the late Dr. Valentine Mott, perpetual provision was made for the following medals: A gold medal to the candidate who shall prepare the best anatomical or anatomico-surgical preparation. A silver medal to the second best of that description. A bronze medal to the candidate who shall furnish the best book of recorded cases and remarks of the professor at the surgical clinics. The gold medal is awarded to Albert S. Morrow, A. B., class 1901. The silver medal is awarded to Arthur B. Bradshaw, class 1901. The bronze medal is awarded to Willard Monfort, class 1899.

Book Reviews.

THE PRACTICE OF OBSTETRICS. By American authors. Edited by CHARLES JEWETT, M. D., Professor of Obstetrics in Long Island College Hospital, Brooklyn, N. Y. In one 8vo volume of 736 pages, with 441 engravings in colors and black and twenty-two full-page colored plates. Philadelphia and New York. Lea Brothers & Co., Publishers. 1899.

The literature of obstetrics is further enriched and embellished by this practical work, which brings forward the teachings of the medicine and surgery of the lying-in room to the present day.

It is most important for the student of obstetrics to become well grounded in the anatomy and physiology of this special department of medicine. We speak advisedly. This is a *special* department of the science and art of medicine. Moreover, it is one of the most important departments thereof, since it nearly always deals clinically with the lives of two or more persons. Its anatomy and physiology is likewise special. For these reasons Jewett has wisely committed these branches of his subject to most capable men, two chapters thereof being written by himself.

Browning, of Brooklyn, has prepared a most comprehensive, concise and instructive chapter on the anatomy of the female pelvic organs and the mammary glands, which is profusely and beautifully illustrated. The engravings are works of art that teach the subject almost independently of the text, predisposing, of course, a general anatomical knowledge on the part of the reader.

The physiology of pregnancy forms the subject of the second part, which is dealt with in five chapters, written by Walter P. Manton, Chauncey B. Palmer and Robert L. Dickinson. The chapter on the diagnosis of pregnancy deals with a question that is sometimes very perplexing to the novice. Dr. Dickinson, who wrote this chapter, has succeeded in divesting the subject of much that is complicated in the minds of the beginner, and has thus made it very much more simple to everybody. The physiology of labor comprises the third part, of which there are three chapters, two written by the editor

and one by Dr Augustus H. Buckmaster. The physiology of the puerperium constitutes the fourth part, of which there are two chapters, written respectively by Hunter Robb and Elias H. Bartley. These deal with the management of the puerperal state, the care of the puerperal woman, and the management of the new-born child—all essentials and all instructively handled.

The fifth part, devoted to the consideration of the pathology of pregnancy, consists of seven chapters, written by Walter P. Manton, James H. Etheridge, Joshua M. Van Cott, Jr., Hiram N. Vineberg and Fernand Henrotin. The various chapters are well written, as might be anticipated from the experience of the several authors. Those of this group most important to the general practitioner of obstetrics—in other words, to the family doctor—are the chapters on abortion and premature labor by Vineberg, and the diseases of pregnancy by Etheridge. These two subjects confront the general practitioner of medicine almost daily; hence he should be well versed in the most approved expedients with which to meet or avert their dangers. The other chapters are only less important because they deal with conditions and complications less frequently met.

The next, or sixth part takes up for consideration the pathology of labor and consists of six chapters. Its authors are J. Chalmers Cameron, J. Clarence Webster, Etheridge, Jewett, and J. Clifton Edgar. Here we find most competently handled the anomalies of the mechanism of the expellent forces of the passages, of the fetus, of these arising from accidents or disease, and of the hemorrhages. The chapter dealing with eclampsia, by Edgar, is a most able exposition of the subject and contains in concise form an expression of the most valuable part of our knowledge up to the present moment relating to this subtle and direful malady, upon which there are so many divergent views and disputed points. We have heretofore had occasion to speak in favorable terms of Edgar's work and position regarding eclampsia, and this chapter containing a expression of his latest views only serves to accentuate our previous good opinion of his teaching.

The pathology of the puerperium forms the subject of the seventh part, comprising four chapters written by Van Cott, Allan McLane Hamilton, J. Whitridge Williams and Henry Dwight Chapin. They deal with the anomalies of the breast and nipples (Van Cott) puerperal insanity (Hamilton) puerperal infection (Williams) and malformations, injuries and diseases of the new-born child (Chapin) There is no more important subject relating to obstetrics than puerperal infection, and it is one with which the everyday obstetrician should be thoroughly familiar. In this monograph will be found an exposition of the part microörganisms play in general and in particular, together with all external modes of infection and auto-infection, as well as a disquisition upon treatment, curative and preventative.

Finally, we are presented with the eighth part, comprising six chapters devoted to the consideration of obstetric surgery. The immediate repair of vaginal, vulvar and cervical lacerations (Robb)

constitutes the first chapter; the induction of abortion and of premature labor, including retained and adherent placenta, by the same author, form the subjects of the next chapter; the forceps (Jewett), that of the third; version and embryotomy (Davis), the fourth and fifth; and, lastly, Cesarean section, the Porro operation and symphyseotomy (Robb) form the concluding chapter of the book.

From the foregoing synopsis it will be observed that the editor has dealt with the whole subject most comprehensively, that he has chosen for the most part able and practical men to write the several chapters (most conspicuous among them himself), and with all, the publishers have brought out the book in a most agreeable style. The illustrations are largely new and original and in almost every instance they are further explanatory of the text.

Conspicuous among the contributions to this work are five chapters which bear the authorship, in whole or in part, of James H. Etheridge, of Chicago. Sadly enough they comprise his last important contribution to the literature of medicine, for he passed from life almost simultaneously with the issuance of the book from the press. These chapters, therefore, will possess an added interest to his many professional friends.

AN AMERICAN TEXT-BOOK OF DISEASES OF THE EYE, EAR, NOSE AND THROAT. Edited by G. E. DE SCHWEINITZ, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; Consulting Ophthalmologist to the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases; and B. ALEX. RANDALL, M. A., M. D., Ph. D., Clinical Professor of Diseases of the Ear in the University of Pennsylvania; Professor of Diseases of the Ear in the Philadelphia Polyclinic; Ophthalmic and Aural Surgeon to the Methodist and Children's Hospitals, Philadelphia. Illustrated with 766 engravings, fifty-nine of them in colors; 1251 pages. Philadelphia: W. B. Saunders. 1899.

This volume is another valuable accession to the series of American text-books which W. B. Saunders has been producing during the past few years with so much favor. The editors have comprised within the single volume, diseases of the eye, ear, nose and throat, the propriety of which is suggested by the fact that these organs are more or less anatomically related to each other, and have many points of physiological analogy. As Dr. D. H. Knapp, of New York, has said, "the physician who has trained himself in the diagnosis of the affections of one of these organs is prepared to master the methods of examination of the others. The four constitute a well rounded field of labor, which is not at all narrow, yet much more restricted than general surgery."

The "collaboration" method has been adopted, each section being contributed by an author especially fitted by study and practice to treat the subject assigned to him. Sixty authors have thus been drawn upon, and the result has been a most satisfactory and complete handbook. By reason of the exacting editorial supervision and direction, there is very little over-lapping or repetition of matter, and

a reasonable proportion between the sections, commensurate with the importance of the subjects, is maintained throughout.

In the part devoted to the eye the subjects have been assigned as follows: embryology, anatomy and histology, Dr. G. A. Piersol; physiology of vision, Dr. A. P. Brubaker; optics, Drs. W. S. Dennett and C. W. Cutter; examination, Dr. G. E. de Schweinitz; the ophthalmoscope, Dr. B. A. Randall; determination and correction of refraction, Dr. E. Jackson; spectacles, Dr. R. J. Phillips; diseases of the eye lids, Dr. B. L. Millikin; diseases of the lachrymal apparatus, Dr. S. Theobold; diseases of the conjunctiva, Dr. J. E. Weeks; diseases of the cornea and sclera, Dr. S. M. Burnett; diseases of the iris, ciliary body and choroid and sympathetic inflammation and irritation, Dr. R. L. Randolph; injuries of the eye and its appendages, Dr. A. A. Hubbell; glaucoma, Dr. J. A. Lippincott; diseases of the lens, Dr. W. E. Hopkins; diseases of the vitreous humor, Dr. F. Carrow; diseases of the retina, Dr. L. Howe; diseases of the optic nerve, Dr. H. Gifford; amblyopia, Dr. C. A. Wood; partial amblyopias, Dr. H. V. Würdemann; intraocular growths, Dr. W. A. Holden; movements of the eyeballs and their anomalies, Dr. A. Duane; injuries and diseases of the orbit, Dr. F. Buller; operations: preparation, Dr. G. E. de Schweinitz; on eyelids, Dr. F. C. Hotz; on conjunctiva, cornea, sclera, and for evisceration and enucleation, Dr. C. W. Kollock; on iris and lens, Dr. H. Knapp; on eye muscles, Dr. S. C. Ayres; on lachrymal apparatus, Dr. S. Theobold; on the orbit, Dr. F. Buller. An appendix to this part includes, detection of color-blindness, Dr. J. E. Jennings, and Dr. A. G. Thomson; Röntgen rays in ophthalmic surgery, Dr. W. M. Sweet; practice of ophthalmic operations on animals' eyes, Dr. C. A. Veasey; microörganisms in ocular diseases, Dr. G. E. de Schweinitz.

In the second part, on the ear, its anatomy, embryology and histology are contributed by Dr. B. A. Randall, physiology, Dr. F. Allport; etiology and pathology, Dr. C. R. Holmes; examination, symptomatology and diagnosis, Dr. J. E. Sheppard; general therapeutics, Dr. C. E. Blake; diseases of the external ear, Dr. S. Theobold; injuries and diseases of the drumhead, Dr. H. V. Würdemann acute affections of the tympanic cavity and Eustachian tube, Dr. H. G. Miller; chronic catarrh of the middle ear, Dr. E. B. Dench; chronic suppuration of the middle ear, Dr. A. H. Buck; complications of tympanic inflammation, Dr. H. Knapp; diseases of the sound-perceiving apparatus, Dr. H. A. Alderton; operations, Dr. J. O. Green.

Part third, includes diseases of the nose and throat, and the contributions are as follows: anatomy, histology and embryology of the upper air passages, Drs. H. Allen and A. A. Bliss; physiology, Dr. W. J. Freeman; etiology and pathology, Dr. J. H. Bryan; examination and diagnosis, Dr. J. W. Farlow; therapeusis and prognosis, Dr. G. A. Leland; acute affections of the nose, Dr. W. E. Casselberry; chronic affections of the nose; Dr. M. J. Asch;

diseases of the tonsils, palate and pharynx, Dr. J. E. Newcomb; atrophic rhinitis, Dr. W. P. Porcher; diseases of the sinuses, Dr. R. C. Myles; acute affections of the larynx and trachea, Dr. W. E. Hopkins; chronic inflammations of the larynx, Dr. C. E. de M. Sajous; diphtheria, Dr. J. H. McCollom; tuberculosis, Dr. E. L. Shurly; syphilis, Dr. W. C. Glasgow; neoplasms, Dr. J. Wright; injuries and deformities, Dr. J. O. Roe; neuroses, Dr. J. Wright; the voice, Dr. G. H. Makuen; operations, Dr. J. O. Roe.

A survey of the above list of authors, most of whom are well-known to the profession, is a sufficient guarantee of the reliability of the work and of the thoroughness with which it has been done. The illustrations and press-work are of superior excellence. Taken altogether, there is nothing in the English language that can excel this work as a textbook on the subjects of which it treats, both in its completeness and trustworthiness. A. A. H.

RETINOSCOPY (or Shadow Test) IN THE DETERMINATION OF REFRACTION AT ONE METER DISTANCE, WITH THE PLANE MIRROR. By JAMES THORINGTON, M. D., Adjunct Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon to Wills' Eye Hospital. Third edition, revised and enlarged. Forty-three illustrations, twelve of which are colored. Duodecimo, pp. eighty-six. Philadelphia: P. Blakiston's Son & Co. 1899.

Retinoscopy is undoubtedly the most reliable subjective test for the errors of refraction that is known. This little book of 86 pages gives a clear description of the method at one meter distance and with the plane mirror. It is now in its third edition, the first having been issued in 1897. This is an indication of its popularity. It is worthy of the favor it has received. A. A. H.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician to and Lecturer on the Principles and Practice of medicine at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to and Lecturer on Clinical Medicine in the Aberdeen Royal Infirmary, etc. Volume II. Eighth series. 1898. Octavo, pp. xii.—375. Philadelphia: J. B. Lippincott Co. 1899.

This volume is an interesting conclusion of the eighth series of the clinics It treats of subjects under the following several general heads: Drugs and remedial agents, treatment, medicine, neurology, surgery, gynecology and obstetrics, ophthalmology, laryngology, pharyngology, rhinology and otology and dermatology. Under these several heads are lectures by experienced teachers, who for the

most part are well known to the profession of medicine. Preëminent among the number is the name of Professor Joseph M. Mathews, of Louisville, who is this year president of the American Medical Association and who lectures upon the treatment of ulceration of the rectum and ulceration of the colon. Professor Charles Greene Cumston, of Boston, also represents an instructive lecture upon simple hydrocele and its treatment. There are a number of foreign contributions and a few of the lectures are well illustrated, especially that upon lupus vulgaris, by Dr. Norman Walker.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By W. HALE WHITE, M. D., F. R. C. P., Physician to, and Lecturer on Pharmacology and Therapeutics at Guy's Hospital, London; Examiner in Materia Medica to University of London, etc., etc. Edited by Reynold W. Wilcox, M. A , M.D., LL D., Professor of Medicine and Therapeutics at the New York Post-Graduate Medical School, and Attending Physician to the Post-Graduate Hospital, etc., etc. Fourth American Edition. Thoroughly revised. Small 8vo, pp. 704. Philadelphia: P. Blakiston's Son & Co. 1898.

The fourth edition of this valuable work shows that its worth and excellence has been appreciated by the profession and in this new edition, the confidence put in the former editions may be safely continued. The manner in which the action of various drugs upon the various systems, as discussed in the book, is an admirable one, thus enabling the busy practitioner to seek the desired information in a few moments. We can only reiterate what was said in a former review of this work, that it is one of the best reference books a student can consult, and is admirably adapted to the needs of the general practitioner of medicine.

In make-up it is very similar to former editions and in the arrangement of the various drugs is more convincing than heretofore.

The page containing the press notices of the previous American editions, just preceding the title page, might with propriety have been placed after the index, or preferably omitted altogether.

TRANSACTIONS of the American Gynecological Society, Vol. XXIII., for the year 1898. J. Riddle Goffe, M. D., Secretary. Small 8vo, pp. 491. Philadelphia: Wm. J. Dornan, Printer. 1898.

The annual volume of the transactions of this society is always a welcome addition to the literature of gynecological medicine. One of the most interesting features of this book is a discussion, entitled, Has electricity ceased to be a useful therapeutic agent in gynecology? Two papers were presented favoring the negative of the question as propounded, and one taking the affirmative side. The latter was presented by Dr. Egbert H. Grandin, of New York, and is an admirably and manly setting forth of a change of view which has possessed the author of late years. During the course of his remarks we observe the following: "Five years ago my electrical outfit was an elaborate one; to-day I possess no outfit, having given

it away to a colleague whose credulity was born as mine died." This is practically the attitude of the most progressive men with regard to this mysterious agent.

At the end of the book are printed obituary notices, first, of William Thompson Lusk by Thaddeus A. Reamy; second, of Cornelius Kollock by Richard B. Maury; third, of John Braxton Hicks by Paul F. Mundé; fourth, of Professor S. Tarnier by A. Charpentier; and fifth, of Henry Parke Curtis Wilson by B. Bernard Browne. These are all accompanied by excellent portraits of these distinguished men.

AN ESSAY ON THE NATURE AND THE CONSEQUENCES OF ANOMALIES OF REFRACTION. By F. C. DONDERS, M. D., Late Professor of Physiology and Ophthalmology in the University of Utrecht. (Translated under the supervision of the Kirschbaum School of Languages and Bureau of Translation of Philadelphia.) Revised and edited by CHARLES A. OLIVER, A. M., M. D. (Univ. Pa.), one of the Attending Surgeons to the Wills' Eye Hospital; one of the Ophthalmic Surgeons to the Philadelphia Hospital, etc. With portrait and other illustrations. Duodecimo, pp. eighty-two. Philadelphia: P. Blakiston's Son & Co. 1899.

Donders's classic on the anomalies of refraction and accommodation, translated into English and published in 1864, has long been out of print. The present volume will in a small degree take the place of the larger work, as it is substantially a summary of it by Donders, himself. Dr. Oliver has done the profession a great favor in thus presenting what may properly be termed the aphorisms of Donders.

The volume is a small one of 82 pages, tastefully printed and bound, and contains an excellent portrait of the author. Even at the present time, oculists will profit by a study of Donders' findings as here set forth. A. A. H.

A PRACTICAL HANDBOOK ON THE MUSCULAR ANOMALIES OF THE EYE. By HOWARD F. HANSELL, A. M., M. D., Clinical Professor of Ophthalmology, Jefferson Medical College; Professor of Diseases of the Eye, Philadelphia Polyclinic and College for Graduates in Medicine; Consulting Ophthalmologist to the Chester County Hospital; Ophthalmologist to Frederick Douglass Memorial Hospital; and WENDELL REBER, M. D., Instructor in Ophthalmology, Philadelphia Polyclinic and College for Graduates in Medicine; one of the Ophthalmologists to the Methodist-Episcopal Orphanage. Twenty-eight illustrations and one plate; 182 pages. Philadelphia: P. Blakiston's Son & Co. 1899.

Hansell and Reber have produced a useful and safe guide to the treatment of anomalies of the eye-muscles. This subject is at present engaging the attention of the profession to quite an extent, and its conservative consideration by these authors is timely. After an introductory chapter on the anatomy and physiology of the muscles of the eyes, follows a concise description of their structural and functional anomalies and their treatment, with a concluding section on operations on the muscles. This little work affords good reading, not only for the ophthalmologist, but for the general practitioner as well. A. A. H.

ESSENTIALS OF MATERIA MEDICA, THERAPEUTICS AND PRESCRIPTION WRITING. Arranged in Form of Questions and Answers. Especially for Students of Medicine. By HENRY MORRIS, M. D., Physician to St. Joseph's Hospital, etc. Fifth edition, revised and enlarged. Philadelphia: W. B. Saunders, 925 Walnut Street.

This little book needs no better recommendation than that a fifth edition is in demand. It has undergone a thorough revision, much that was obsolete being omitted and many new drugs, especially of the hypnotic and antipyretic class, have been added. The dosage of each preparation is given both in apothecaries' and metric measure. The classification of remedies is based on a therapeutic method, perhaps the most rational plan that can be adopted, and one which will serve to recall to the student when he shall have left the class-room for the actual practice of medicine, the various remedies which the case he has in hand may demand.

THIRTEENTH ANNUAL REPORT of the State Board of Health of Pennsylvania for the year 1897. In two volumes. Benjamin Lee, M. D., Secretary. Wm. Stanley Ray, State Printer. 1898.

The accomplished secretary of the Pennsylvania state board of health is entitled to great credit for the manner in which these reports are published. Pennsylvania after the fashion of Michigan and perhaps some other states, has sanitary conferences that are appointed to be held in different sections of the state, the proceedings of which are printed in these reports. These conferences are not simply conventions of public health officials, but are open to attendance on the part of the general public who are invited to participate in the proceedings.

This report contains an excellent drawing of the Conemaugh Valley, showing the vicinity of Johnstown, the scene of the mighty flood of ten years ago. Besides this, there are other excellent illustrations in half-tones and colors that add to the interest of the volumes.

OCULAR THERAPEUTICS FOR PHYSICIANS AND STUDENTS. By F. W. MAX OHLEMANN, M. D., (Minden, Germany,) Late Assistant Physician in the Ophthalmological Clinical Institute of the Royal Prussian University of Berlin, etc.; translated and edited by CHARLES A. OLIVER, A. M., M. D. (Univ. Pa.), one of the Attending Surgeons to the Wills' Eye Hospital; one of the Ophthalmic Surgeons to the Philadelphia Hospital, etc. Two hundred and seventy-four pages. Philadelphia: P. Blakiston's Son & Co. 1899.

This is not designed as a text-book, in any sense, but is intended to be a collection of "the most important and the most useful formula" in ocular therapeutics. It is rather an elementary treatise, treating of massage, heat and cold, bandages, electricity, subconjunctival injections, astringents, antiseptics, ointments, mydriatics, myotics, local and general anesthesia, and remedies and formulæ applicable to special diseases of the eye. There is nothing particularly new in the book, but it will prove instructive and useful to the beginner in ophthalmology. A. A. H.

THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS. Arranged for self-examination with the proper reference to standard works in which the correct replies will be found. Second edition, enlarged. Philadelphia: P. Blakiston's Son & Co. 1899.

This book is one of those ingenious contrivances for the torture of the student who is preparing himself for examination. There is a better way to prepare for examinations than that afforded by the use of quiz compends and questions for self-examination, but for those who have never learned it these things serve a useful purpose.

A SYLLABUS OF MATERIA MEDICA. Compiled by WARREN COLEMAN, M. D., Instructor in Clinical Medicine and Materia Medica in Cornell University, Medical Department. One volume. 16mo, 175 pages. Polished buckram. New York: William Wood & Co. 1899.

This little volume will prove an excellent help to the student in study of materia medica. The actions and uses of drugs, dosage, dosage in children, incompatibilities, and prescription writing are all presented in such manner as to appeal to the memory. But one criticism is to be made on the volume, and that is that dosage is not given in the metric as well as in the common system.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By EGBERT H. GRANDIN, M. D., Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital, etc. With the collaboration of GEORGE W. JARMAN, M. D., Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University. Second edition; revised and enlarged. Illustrated; pp. xiv.—461. Philadelphia: The F. A. Davis Co. 1899.

This book in its second edition presents so much that is new that a somewhat detailed review is called for. It differs from older and larger treatises on obstetrics in that it assumes the reader to possess a sufficient knowledge of anatomy, physiology, pathology and embryology, and no attempt is made, therefore, to include these subjects in the work. Facts relating to them are only given when a proper understanding of the text demands them.

The volume is divided into four parts. Part I. deals with pregnancy, taking up the question of diagnosis, differential diagnosis, duration and hygiene of pregnancy, the pathology of pregnancy, and the diagnosis of presentation and position. In this section, as well as throughout the book, one notices the excellence of the illustrations. Those which are borrowed from older works on obstetrics are only such as can not be improved upon as elucidators of the text. The sixty-four full-page photographic plates, original with the authors, increase many fold the value of the book. Part II. discusses the subject of labor. The difficult topic of the mechanism of labor is presented with unusual clearness. Indeed, we rarely, if ever, have seen it better handled. The clinical course of labor, the management of normal and abnormal labor, and the care of the

new-born infant, complete this section. The authors are opposed to the routine use of the Credé method of instilling silver-nitrate into the eyes of the new-born baby, and a large and respectful minority of obstetricians will doubtless agree with them.

In Part III. the normal and pathological puerperium are considered and Part IV. takes up obstetric surgery. In the latter chapter a section is devoted to obstetric asepsis and antisepsis which it hardly need be said is thorough and up-to-date. The comparatively new operation of symphyseotomy is handled as progressive, and at the same time conservative, surgeons might be expected to regard it; whatever it promises for the future its chief field for the present is the maternity hospital. Many obstetricians will doubtless differ from the authors as to the advisability of the immediate repair of the cervix as a routine procedure.

The faults of the book are few and of minor importance. Indeed, one of the most notable, that of positiveness in stating opinions, is hardly to be regarded as a failing. Taken as whole, it is one of the best works on obstetrics to be had. Clear, concise, without omitting anything essential, modern, well-illustrated, and well-printed, the volume will be welcome, not only to the young practitioner, who desires counsel where his limited experience fails him, but to the older man who, far from the centers of medical knowledge, desires to keep abreast with the times, but is too busy to have time to give to the perusal of elaborate treatises, burdened with their weight of anatomy, physiology and pathology. The work ranks in the field of obstetrics with Jacobi's in pediatrics, and this is high praise.

M. J. F.

A MANUAL OF BACTERIOLOGY. By HERBERT U. WILLIAMS, Professor of Pathology and Bacteriology, Medical Department, University of Buffalo. 8vo, pp. 263. With 78 illustrations. Philadelphia: P. Blakiston's Son & Co. 1898.

The many friends of Dr. Williams will be pleased with the success which his manual of bacteriology has attained. Although designed primarily for the use of the beginner in the laboratory, it also gives a concise summary of the facts in bacteriology most important to physicians. Of the smaller works on bacteriology Dr. Williams's manual is decidedly the best and is to be commended and recommended. Following an introduction in which the author indulges in plain talk on bacteria, the book is divided into four parts. Part I. is devoted to bacteriological technique, instrument, staining methods; sterilisation; culture media; cultivation of bacteria; inoculation of animals and collection of material.

On page 29 is given a very valuable table, showing a list of the important bacteria that are stained by Gram's method, and a list of bacteria not stained by this method.

Part II. is devoted to a study of the bacteria themselves, their classification, product and growth, systematic study of a species of bacteria, distribution of bacteria in air, water, soil, in the healthy

tissues of the body and in disease. A very able chapter on disinfectants and antiseptics is contributed by Dr. Thomas R. Carpenter, of Buffalo, and another equally as valuable and interesting on preparation of instruments, ligatures, dressings, etc., for surgical purposes by Dr. Chauncey P. Smith, also of Buffalo. These two chapters aid the book materially and are of interest and great profit to the busy practitioner, who has not the time to search through his chemistry for information regarding the different antiseptic agents.

Part III. is devoted to the nonpathogenic bacteria, and Part IV. to the pathogenic bacteria. The illustrations, numbering 78 in number, help materially in elucidating the text. On the whole, Dr. Williams's efforts are highly successful. W. C. K.

ANNUAL AND ANALYTICAL CYCLOPEDIA OF PRACTICAL MEDICINE. By CHARLES E. DE M. SAJOUS, M. D., and 100 associate editors. Assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume III. Dislocations to Infantile Myxedema. Philadelphia, New York and Chicago: F. A. Davis Company. 1899.

As these volumes continue to issue from the press their importance to medical literature seems to grow upon the observer. This third volume carries the work forward to about the middle of the alphabet, hence the series is half completed. The staff of associate editors is a strong one and each has performed his work with exceptional ability. The editor-in-chief very properly expresses his obligations to these gentlemen for their efficient work. It is not always easy to obtain efficient collaboration in a work so extensive as this and we think the editor-in-chief deserves the thanks of the profession upon his success in that regard.

There are a number of articles of more than usual interest in this volume, among which may be mentioned dysentery, endometritis, dislocations and fractures, gout, hip-joint diseases, eczema, hysteria and hypnotism. This volume is also quite elaborately illustrated, which, of course, adds materially to its value.

A LABORATORY GUIDE TO URINALYSIS AND TOXICOLOGY. By R. A. WITTHAUS, M. D., Professor of Chemistry, Physics and Toxicology in the Medical Department of Cornell University; Professor of Chemistry and Toxicology in the Medical Department, University of Vermont, etc., etc. Fourth edition. New York: William Wood & Co. 1898.

This practical handbook having already gone through several editions has become so established as a favorite for student and physician, that very little can be said in regard to it beyond that which has already been written.

The author has been a practical teacher so many years that he well knows the needs of the laboratory worker and it requires but little examination of this guide to satisfy one of its practical nature.

The rules were numbered consecutively from 1 to 440. Each alternate page is left blank for additions and annotations, and a concise index includes the book.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for modern practitioners. Seventeenth year. New York: E. B. Treat, 241–243 W. 23d street. 1899.

The annual for 1899 is superior in excellence to any of its predecessors; the volume is larger (760 pages), better illustrated (15 full-page colored plates, and 12 full-page half-tone plates, besides numerous illustrations in the text.) The text has been exceptionally well edited and contains several original articles of special importance by experts in their special departments.

Among the special articles will be found the following: Practical x-ray work, by Norris Wolfenden; Advances in skull surgery, by Seneca D. Powell; Surgical treatment of paralysis, by Robert Jones and A. H. Tubby. These articles are freely illustrated, chiefly by reproductions and photographs. An excellent article on Climatic treatment of consumption, by F. de Havilland Hall, as well as one on Legal decisions affecting medical men, by William A. Purrington, will be found interesting and pertinent. In response to the request of many subscribers there will be found an article on The chief pathogenic bacteria in the human subject, with descriptions of their morphology and methods of microscopical examination, by S. G. Shattock, the pathological curator of the museum of the Royal College of Surgeons, London, illustrated by a series of finely colored plates.

The department of therapeutics, new treatment and sanitation are abreast of the times, and we feel certain that no medical work of such a widely international character has been previously issued by the medical press in any country which offers so much at so small a price. In typography the volume is similar to Treat's well-known medical classics. W. C. K.

URINARY ANALYSIS AND DIAGNOSIS by Microscopical and Chemical Examinations By LOUIS HEITZMANN, M. D., New York. One volume, 270 pages, 8vo, 108 original illustrations. New York; William Wood & Co. 1899.

Although there appears to be no long felt want for another text-book on this subject, nevertheless the author has been guided by the fact that microscopical examination and especially microscopical diagnosis have not received as much attention in the text-book as their importance calls for. Many years of experience and teaching have taught him that correct diagnosis by means of microscopical examination of urine can frequently be made in cases where chemical analysis is of little value.

This book is divided into three parts. First, chemical examination; second, microscopical examination; and third, microscopical diagnosis.

It is evident that a mere description of the features found in different cases cannot be sufficiently clear, but illustrations made directly from nature are absolutely essential. In this volume all the illustrations—108 in number—without exception, have been drawn by the author directly from specimens in his possession, and are

drawn on such a scale as to be perfectly clear and comprehensible. To those who are not content with merely a chemical examination of the urine, but desire a microscopical examination as well, this work is to be recommended.

ADDRESSES AND PAPERS by the Members of the Instructing Staff of the New York State Veterinary College, at Cornell University, for the years of 1896-98. Ithaca, N. Y.: Published by the University, 1898.

This collection of fifty-eight papers and addresses, representing nearly 500 pages of matter, has been selected from the published work of various members of the instructing staff of the New York State Veterinary College during the two years of its existence. The work is now presented to the members of the medical and veterinary profession, to scientific men, stock raisers and, indeed, to all who are interested in the propriety of our great commonwealth, and the advancement of science.

To enumerate the papers even would be impossible to say nothing of a cursory review of each one—they are all of high character—scientific and reflect the work done by the brilliant faculty of our state veterinary college.

Professor Law and his confréres are to be heartily congratulated on their efforts and on the splendid showing which this school has made in such a brief space of time. Inasmuch as this volume is published by the university, it is probable that some copies are for gratuitous distribution and may be obtained by writing to Professor James Law. W. C. K.

A COMPEND OF OBSTETRICS, Especially Adapted to the Use of Medical Students and Physicians By HENRY G. LANDIS, A. M., M. D. Revised and edited by WILLIAM H. WELLS, M. D, Adjunct Professor of Obstetrics and the Diseases of Infancy in the Philadelphia Polyclinic, etc., etc. Sixth edition, illustrated. Quiz Compends No. 5. Philadelphia: P. Blakiston's Son & Co. 1898.

The editor has in this edition enlarged the chapters devoted to the diagnosis of the various positions and presentations by external methods, the mechanism of labor, the differential diagnosis between pregnancy and other forms of abdominal tumors, and obstetric operations. The subject of puerperal infection is also taught at greater length and in accordance with modern views. M. J. F.

A MANUAL OF PHYSIOLOGY, with Practical Exercises. By G. N. STEWART, M. A., M. D., Edin.; Professor of Physiology in the Western Reserve University, Cleveland. With numerous illustrations, including five colored plates. Third edition. Small 8vo, pp. 848. Philadelphia: W. B. Saunders. 1898.

The two previous editions of this book having been exhausted and there being a demand for a third, the author has taken advantage of the fact to revise and partly rewrite his book. It differs from

most works on physiology in the introduction of practical exercises, which the author thinks he has found useful in teaching physiology. He has taken pains to note that all experiments on animals which would cause pain have been done under anesthesia. The volume contains a number of useful illustrations, the plates in color being especially well executed. This manual is a useful book for the beginner.

A HANDBOOK OF OBSTETRIC NURSING; Comprising the Course of Instruction in Obstetric Nursing given to the Pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By ANNA M. FULLERTON, M. D., Demonstrator of Obstetrics in the Woman's Medical College of Pennsylvania; Physician-in-Charge and Obstetrician and Gynecologist to the Woman's Hospital of Philadelphia, and Superintendent of the Nurses Training School of the Woman's Hospital of Philadelphia. Forty illustrations; 12mo. Fourth edition, revised. Philadelphia: P. Blakiston's Son & Co. 1899.

The fifth edition of Dr. Fullerton's handbook on obstetric nursing has been revised and brought up-to-date. The manual comprises the course of instruction given the pupils of the training-school for nurses, connected with the Woman's Hospital of Philadelphia. It will be found valuable, both as a text-book on obstetric nursing in hospital training-schools, and as a guide to mothers and others who wish to inform themselves on the care of the pregnant and parturient woman.

M. J. F.

THE ANATOMY OF THE CENTRAL NERVOUS SYSTEM OF MAN and of Vertebrates in General. By Prof. LUDWIG EDINGER, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by WINFIELD S. HALL, Ph. D, M. D., Professor of Physiology in the Northwestern Medical School, Chicago. Assisted by Philo Leon Holland, M D., Instructor in Clinical Neurology in the Northwestern University Medical School, and Edward P. Carleton, B. S., Demonstrator of Histologic Neurology in the Northwestern University Medical School, Chicago. Illustrated, pp. XI.–446. Philadelphia: The F. A. Davis Co., 1914–16 Cherry street

A new translation from the German fifth edition of Edinger shows the popularity which this work has achieved. It is not often that a work on a special subject, not a necessity to the student or general practitioner, runs through five successive editions, and to do so must possess considerable merit. The book has grown with each edition until it is now fast approaching Schwalbe's classical work on the nervous system. The illustrations—as important as the text—are numerous enough, but are horribly executed and more of a detraction than attraction to the book. It is too bad that such illustrations as embellish Obersteiner, or Schwalbe, or even Férè, or those appearing in some of our American text-books of the nervous system cannot be substituted for Edinger's. We trust that in the future editions the same progress and improvement will extend to the plates as has extended to the text. The translator has done his work well and is to be congratulated. The book is well printed and nicely bound.

W. C. K.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Thirtieth Annual Session, held at Houston, Texas, April 26, 27, 28 and 29, 1898. Edited by H. A. WEST, M. D., Secretary. Austin, Texas. 1898.

Transactions of this association year by year show improvement through the guiding hands of a masterful secretary, supported by other skilful coadjutors.

The association groups its work into sections, the first relating to general medicine; the second, to obstetrics and diseases of children; the third, to surgery; the fourth, to gynecology; and the fifth, to ophthalmology and otology. The average number of papers in each section is six, and the titles are so distributed as to cover each separate field in a practical manner. The volume is well printed and handsomely bound.

DISEASES OF THE EYE. A Handbook of Ophthalmic Practice, for Students and Practitioners. By G. E. DE SCHWEINITZ, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College; Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc. Illustrated. Third edition. Philadelphia: W. B. Saunders. 1899.

The fact that this handbook of de Schweinitz has had such professional approval as to require three editions within six years, is a more emphatic commendation than it is possible for us to give. The present edition has been fully revised and several new subjects have been introduced. In its improved form, it will continue to hold its place in the esteem of physicians and students, and its continued popularity is assured. A. A. H.

BOOKS RECEIVED.

Atlas of Skin Diseases. By Prof. Dr. Franz Mracek, of Vienna. Edited by Henry W. Stelwagon, M. D., Clinical Professor of Dermatology, Jefferson Medical College, Philadelphia. Pp. 199, with sixty-three colored plates and thirty-nine full-page half-tone illustrations. Price, $3.50 net. Philadelphia: W. B. Saunders, Publisher, 925 Walnut Street. 1899.

A Review of Recent Legal Decisions Affecting Physicians, Dentists, Druggists and the Public Health. Together with a brief for the prosecution of unlicensed practitioners of medicine, dentistry or pharmacy, with a paper upon manslaughter, Christian science and the law and other matter. By W. A. Burrington of the New York Bar, Counsel of the Dental Society of the State of New York; Lecturer of Medical and Dental Jurisprudence in the New York College of Dentistry, and one of the collaborators in A System of Legal Medicine, by Allan McLane Hamilton and others, etc. Duodecimo, pp. 105. Price, 50 cents. New York: E. B. Treat & Co. 1899.

A Text-Book of Anatomy. By American authors. Edited by Frederic H. Gerrish, M. D., Professor of Anatomy in the Medical School of Maine at Bowdoin College. In one magnificent imperial 8vo volume of 915 pages, with 950 engravings in black and colors. Cloth, $6.50 net; flexible water-proof binding for the dissecting table, $7.00 net; full leather, $7.50 net. Philadelphia and New York: Lea Brothers & Co., Publishers. 1899.

Text-Book of Ophthalmology. By Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna. Second American edition, translated and revised from the seventh enlarged and improved German edition. By A. Duane, M. D., Assistant Surgeon Ophthalmic and Aural Institute, New

York. Octavo, pp. xvi.—860, with 277 illustrations. Cloth, $5.00; sheep, $6.00. Sold only by subscription. New York: D. Appleton & Co. 1899.

Transactions of the Rhode Island Medical Society. Volume V. Parts III., IV. and V. Providence, 1897-98.

A Treatise on Human Physiology. For the use of students and practitioners of medicine. By Henry C. Chapman, M. D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia. New (second) edition, thoroughly revised. In one handsome 8vo volume of 921 pages, with 595 engravings. Cloth, $4.25 net; leather, $5.25 net. Philadelphia and New York: Lea Brothers & Co. 1899.

Materia Medica and Therapeutics. An Introduction to the Rational Treatment of Disease. For the use of students and practitioners of medicine. By J. Mitchell Bruce, M. D., F. R. C. P., etc., Physician and Lecturer on Medicine at Charing Cross Hospital, London. New (sixth) edition, revised and enlarged. In one 12mo volume of 618 pages. Cloth, $1 50 net. Philadelphia and New York: Lea Brothers & Co. 1899.

An Epitome of the History of Medicine. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated with portraits and other engravings. Pp. xiv.—370. Extra cloth, $2.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914-16 Cherry Street. 1899.

The Medical Complications, Accidents and Sequelæ of Typhoid or Enteric Fever. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Medical College Hospital, Laureate of the Medical Society of London, of the Academie Royale de Médecine de Belgique, etc. With a special chapter on the Mental disturbances following typhoid fever. By F. X. Dercum, M D., Clinical Professor of Diseases of the Nervous System in the Jefferson Medical College. Octavo, 267 pages, twenty-one engravings and two full-page plates. Cloth, $2.40 net. Philadelphia and New York: Lea Brothers & Co. Publishers. 1899.

LITERARY NOTES.

THE Michigan State Board of Health has recently issued an official publication, setting forth by photographs, of views throughout the state, the facts showing the desirability of the state as a summer resort, and its value as a health resort. This publication should be of interest to many persons in the sister states on the south; and the publication sets out attractions that appeal to persons who are in persuit of health or pleasure in the way of sailing, rowing, angling and the enjoyment of picturesque and pleasant surroundings.

The Directory can be obtained by sending six cents in stamps to pay postage, with your request, and name and address to State Board of Health, Lansing, Michigan.

DR. A. A. HUBBELL, of Buffalo, published in volume second of the *Iris*, 1899, an interesting historical sketch of the Medical Department of Niagara University. The JOURNAL is indebted to the author for a reprint.

THE *Jeffersonian* is the name of a new periodical, published by the students of Jefferson Medical College, Philadelphia. The editors desire Jefferson alumni to communicate their addresses to them at the college.

DR. JOHN H. HOLLISTER, of Chicago, after many years of service in the editorial chair, has retired from the *Practitioner*, and his magazine has been consolidated with the *Medical Standard.—American Medical Journalist.*

CHRISTIAN SCIENTISTS IN THE TOILS.

AS THE JOURNAL goes to press there is being held before United States Commissioner Robinson an examination in a Christian science case which bids fair to become celebrated. George H. Kinter and his wife, who are healers in the Christian science church, and James Saunders and his wife have been arrested by the United States authorities on charge of manslaughter.

Mr. and Mrs. Saunders have been living at Fort Porter with Captain and Mrs. Sample, Captain Sample being an officer of the 13th Regiment. The Saunders's 7 year old son, Ralph Lamont Saunders, died the morning of the 22d. At his last breath Dr. Walter D. McCaw, post-surgeon, was called in. He refused to certify to death and reported to the coroner. The result was a post mortem which showed the child to have died of double pneumonia. It was learned that the Kinters had been "treating" the child, and the arrests followed. The evidence so far has shown that although Dr. McCaw, post-surgeon and Dr. Nelson W. Wilson, assistant surgeon, were at Fort Porter all the time, they had not been called.

District-attorney Emory P. Close is conducting the prosecution, and associated with him are his assistant Mr. Brown, and Mr. Tracy C. Becker, representing the Erie County Medical Society. Dr. William H. Heath is associated with the prosecution as medical expert. The entire moral, social and financial force of the Christian scientists has been thrown into the fight, which promises to be a long one.

ADDITIONAL PERSONAL.

APPOINTMENTS to the Sisters of Charity Hospital resident-staff have been announced as follows: Dr. William T. Griffin, senior physician; assistants, Dr. Martin Downey, Dr. Henry L. Siedler, Dr. Bernard F. Dennis, of the University of Buffalo, and Dr. W. C. Gerber, of Denver.

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Original Communications.

A PLEA FOR THE UNIFICATION OF MEDICAL SOCIETIES.[1]

BY Z. J. LUSK, M. D., Warsaw, N. Y.

WHEN we met at the annual meeting one year ago, our country was on the threshold of war with a foreign nation. War with Spain was the subject of constant discussion. Little else occupied the minds of the people, indeed, the very atmosphere was laden with a belligerent odor.

We are again assembled at our annual reunion. In the meantime what wonderful changes have been wrought in the history of our country. On sea and land we have demonstrated to the world the metal of which we are composed. While we applaud the wonderful achievements of the navy and praise the valor of the army, little is known of the great work accomplished by the American surgeon, and of his patient, self-sacrificing activity upon the field, exposed to the deadly missiles of the enemy. We read of the tired soldier dropping into the trenches when darkness has covered the bloody battle-field, to gather rest for the day to follow, but little mention is made of the faithful surgeon who continues by the aid of the "midnight oil" the work of alleviating the suffering of the wounded and dying.

We read of the debates in congress relating to the promotions in the army and navy, and of the difficulties besetting the administration in properly distributing those honors. Let me ask, who has heard of any cases of insomnia on account of properly awarding the surgeon in recognition of his skilful work and bravery? As surgeons we can appreciate the stupendous work and great responsibilities

1. President's address, Alumni Association of the Medical Department of the University of Buffalo, April 25, 1899.

of our modest, unassuming and capable Surgeon-general Sternberg. We understand that nothing in history compares with the marvelous recoveries from wounds and injuries (heretofore considered fatal) under the skill of the masterful Senn, and other distinguished surgeons. Then why is it that such slight recognition is accorded to that department?

It has been said that "when a person failed in everything else, he could, with little time and study, become a doctor." Hence the too common notion prevails that the medical profession does not contain the highest type of intellect as compared with scientific workers in other special lines.

This idea is based on very insufficient appreciation of the facts, as we are well aware that the medical profession throughout the world has its full share of the greatest minds as it has always had, and the point is, why should the contrary idea exist to any extent whatever among the average intellects of the general public?

I consider the answer to the foregoing of great importance to the profession and shall occupy a few moments in an effort to demonstrate wherein the fault principally lies.

A thorough investigation of the subject has persuaded me to the belief that the position we occupy is largely due, yes, almost entirely due to ourselves, and that the situation will remain unchanged until we adopt principles and measures in keeping with good, sound, common, business sense; indeed, commensurate with the advancement and standard governing the closing years of this century instead of adhering to those prevailing one hundred years ago.

In the first place, we sadly ignore the generally accepted axiom that "in union there is strength," also to that other truism, that "united we stand, divided we fall," and are so divided and subdivided again into so-called medical associations and societies, national and state, that whereas we should, and would, if united, possess a powerful influence politically and socially, as at present organised we exercise very little, and deserve less.

There are in the United States nearly one hundred thousand members of the regular profession. Imagine our power socially and politically if we paid allegiance to one national association, for instance, the one which has always taken the lead in power and numbers, viz.: The American Medical Association. This should be strengthened by an enormously increased membership to which every physician should feel the same loyalty as to the country in which he lives. Although the *Journal of the American Medical*

Association is one of the best, if not the best journal published in this country today, being exclusively the property of the members of the profession, imagine what it would be with the support following a united profession.

Permit me to mention a few of the twenty-eight national medical associations into which the profession of the United States is divided: The American Medical Association; The Association of American Physicians; The American Academy of Medicine; The National Association of Railway Surgeons; The American Academy Railway Surgeons; The American Association of Obstetricians and Gynecologists; The American Gynecological Society; The Southern Surgical and Gynecological Association; The American Laryngological, Rhinological and Otological Society; The American Laryngological Association, and so on *ad infinitum*.

Then in our own State of New York there is The New York State Medical Association; The Medical Society of the State of New York; The New York State Association of Railway Surgeons, and so forth.

Now why could not a majority of these numerous societies accomplish fully as important results in their special lines organised in sections, thus representing branches of the one great body? Why is this marked isolation necessary? I will leave the answer with you.

Another idiosyncrasy demanding reform is the organisation of innumerable so-called medical colleges and post-graduate medical schools. The craze of adding professor to their cognomen seems to afflict especially the profession of the great Mississippi Valley.

In the State of Missouri[1] there has been organised since 1840, thirty-three medical colleges; seventeen have passed away, leaving sixteen in full operation in 1895.

The following is taken from the annual address of Dr. Richmond, of St. Joseph, President of the Missouri State Medical Society:

A few, shrewd and ambitious for self-promotion, seeing how they would reap advantages from a professorship, organised a college. Those who were left out, not willing to be overtopped by the big professors, organised a second. Still there were a few who were not supplied and disaffection springing up in one, it swarmed and a third was the result. Of the forty-four doctors then in town I was one of the four who was not a professor, a distinction of which I am not ashamed. In selecting their faculties it was not necessary to go beyond the city limits, only to the suburbs.

These numerous schools of medicine in their effort to obtain clinical material, have lowered the standing of the profession by

freely supplying medical aid to those abundantly able to pay, creating the impression among the general public that professional services should be obtained with slight expense. This idea is also emphasised by the careless unbusinesslike physician who has the unenviable reputation of never collecting nor paying his bills.

The sentimental nonsense of which we read of the so-called kind old pauper, "Weelum MacClure," should not belong to the present age. While the physician willingly does more charity work than those belonging to any other profession, he should draw the line between the poor patient and the one able to pay for services rendered, and I can assure you that nothing detracts from professional honor more in the eyes of the public, no, nor even in that class who can pay and won't, unless obliged to, than the physician who continues to respond to calls without even making an effort to secure adequate return.

I have heard patients who were always very exacting about prompt response to their calls, say, "Oh! we always pay the doctor the last thing." Such families should get very little rest after a reasonable time, unless payment is made. Should you lose their clientage, you have suffered no loss.

Another subject which should engage the serious consideration of the profession, is the part we take in the politics of our country. While in the past we have been admonished to avoid participation in political affairs, the time has arrived when it is absolutely essential that we should make our power known, not necessarily in seeking official positions, but in the selecting of those who will recognise our position and our reasonable demands.

We leave all the law-making to the politicians, most of whom care nothing about us. We allow ourselves to be duped and imposed upon on every side with the most idiotic complacency. The fact of the matter is, we have nobody to blame but ourselves. And another truth is that we can right these wrongs just as soon as we will do so and pull together for that purpose.

"I am aware that there are those in our profession who shrink at the thought of combining medicine and politics, regarding them as entirely incompatible and exceedingly nauseating. But there never was a time in the history of medicine when such a mixture was more urgently needed than the present, and, instead of attempting so much unappreciated gratuitous service to the public, let us recognise some of our own needs and spend at least some time in doctoring ourselves, for, in the language of Mr. Cleveland, "Never did patient need your medical treatment more than the body politic now needs the watchful care of your patriotic and disinterested citizenship."

If laws[3] were needed to abolish abuses which your professional investigations have unearthed, your fraternity should not be strangers to the agencies which make the laws.

If enactments already in force are badly neglected or badly executed, you should not forget that it is your privilege and duty to insist upon their rigorous and honest enforcement.

Let us remind you of the application, to your case, of the truth embodied in the homely injunction, "If you want a job done well do it yourself."

No object or personal ambition and no activity of professional life should be permitted to withhold from our government the tithe of devotion and service due from its thoughtful, intelligent and educated citizens.

Beyond all questions[4] things have come to such a pass that for medical men, matters pertaining to professional, and sanitary welfare must henceforth outweigh all considerations of partisanship.

It is a shame for medical men to sell themselves in future for the advantage of politicians and commercial interests while the far higher and more vitally important question of scientific advance and the cure of disease are utterly neglected. It is our inescapable duty henceforth to judge of men and parties from the professional standpoint, and to make our power felt with administrators and legislators for purposes other than those represented by lobbies and bosses.

I believe the profession is awakening to the demands of the times. That we are beginning to move in the right direction.

The following item appeared in a recent journal:

The two oldest medical colleges[5] in St. Louis are proposing to amalgamate, viz: The Missouri Medical College and the St. Louis College of Medicine.

In this connection let us congratulate ourselves upon the union of the forces of the Niagara Medical College with the Medical Department of the University of Buffalo. That with the reception of their alumni into full membership into our association, marks an historical epoch to which we can always point with pride.

Let us not forget our allegiance to our Alma Mater. Let us feel it an honor that we are members of her large and growing family. And, finally, whatever our relation to other medical societies, let us not forget our fraternal interest in our Alumni Association.

BIBLIOGRAPHY.

1. Medical Mirror, Vol. VI., page 258.
2. Journal of the American Medical Association, Vol. XXIX., page 389.
3. Ibid., Vol. XXVIII., page 269.
4. Ex-President Cleveland's address at the New York Academy of Medicine.
5. Ibid., Vol. XXVIII., page 86.

PROPHYLAXIS IN OBSTETRICAL PRACTICE.[1]

By WILLIAM G. TAYLOR, M. D., Buffalo, N. Y.

THERE is no subject in the whole domain of medicine or surgery that so claims our best effort as obstetrics, and we should all appreciate our responsibility when we accept a case for attendance. It is a sacred duty that we are called upon to perform, a duty which too many of us enter upon carelessly, without thinking what it means to shoulder such responsibilities.

When a young woman comes to any one of us for care during confinement, she comes with all the confidence and assurance possible. She comes oftentimes with rosy cheeks and full of life, in other words, the picture of health. She looks into the future with a cheerful heart in anticipation of being a mother and enjoying the blessings that come with motherhood. But, alas! how often we see later the same woman more or less a physical wreck. Her color and vivaciousness have given way to pallor and lassitude. Her face shows signs of pain and suffering, perhaps from salpingitis or the discomfort of a lacerated perineum. She has lost, in a sense, the pride she once had by virtue of her now shattered nervous system.

It is with the above picture in mind that this paper was suggested to me. In the time allotted to me I can only speak of a few points.

The items that I will dwell upon are familiar to ail of you and my idea is, not to tell you something that you don't know, but rather to bring out a discussion of this important subject.

An early engagement to attend a woman in labor is a satisfaction to every physician and women should be encouraged in it and told of the dangers that may arise by delay. The family history and a physical examination are important in every case, and of a woman who has borne children a careful inquiry should be made concerning her previous pregnancies and former labors. Patients often ask, "Doctor, what shall I do to prepare for my confinement?" I say to them, "Live naturally. Live as you always have lived, but give special attention to food. See that it is plain and wholesome. Drink freely of water. As to clothing, hang skirts freely from shoulders and wear underwraps summer and winter. Avoid any pressure on nipples and abdomen from corsets, and the like. As to hygiene, take regular outdoor exercise. Move the bowels daily, or at least, every other day. Keep the skin active by baths and last, but most important of all, being the urine for examination."

1. Read before the Alumni Association of the Medical Department of the University of Buffalo, April 25, 1899.

Women seek advice on almost all conditions in pregnancy, but ignore the kidneys, probably because of no specific symptoms. To me it would be criminal neglect not to examine the urine regularly and systematically. One need never be alarmed that a woman is not doing well during her pregnancy, with possibly one or two exceptions, if the urine is what it should be, even though he does not see her from the time of conception to labor at term. This is a strong statement, but very true.

We have all seen a picture of this kind: a woman becomes sleepless and irritable, suffers from headaches, loss of appetite and constipated bowels. Her urine is scanty, high colored and perhaps at this time contains a little albumin. There is edema of eyelids and extremities. What does it mean? It means imperfect elimination and it means that a milk diet, hot air baths, plenty of fluids, bowels and skin rendered active, is the treatment that should be instituted and without delay.

Many physicians give no attention to the quantity of urine excreted in twenty-four hours, or the total solids it contains, the presence of albumin being the only cause for alarm. In my own experience women have had serious trouble without there being even a trace of albumin found in the urine. The total solids, therefore, are the most important consideration and must be tested from a twenty-four hours' sample and if they are found reduced, measures should be taken to increase them. My patients are requested to bring a sample of urine to my office every month after the fourth month until the seventh; then every two weeks until they are confined. If they fail, I notify them by post, if necessary. They usually report before the second notice is sent. Many cases of eclampsia can be prevented if a physician has his patients under his control.

The care of the breasts and nipples is an important consideration which brings us good or ill repute in the estimation of our families. I don't know of a more exasperating condition than an infection occurring through a cracked nipple leading to suppuration. Giving birth to a child is no comparison, women tell me. A great deal has been said and written about the care of nipples previous to confinement. I have lost all faith in any treatment that has thus far been instituted. Remedies, as brandy, witch hazel, and the like, used to harden, make them crack more easily and ointments make them more friable. I have tried both, but find that by leaving them alone, excepting an antiseptic wash for cleanliness, is all that is necessary, and they do just as well. The important part in their care comes after labor.

In giving my directions to the nurse previous to the appearance of milk, I request her to wash off the nipples with a boracic acid solution before each nursing. Put the baby to the nipple for two or three minutes at a time only, first to teach it how to nurse and second, to give it the colostrum. Again, wash the nipples and put on an ointment of urguentine or resorcin in lanoline until the baby nurses again, four or five hours later. I believe more sore nipples are caused by the baby nursing too long at a time than a first thought would suggest. Many a woman allows her baby to tug away for twenty or thirty minutes and the consequence is that she has a sore nipple before the milk comes Another thing that I want to condemn is the indiscriminate use of breast pumps. There is always a disposition on the part of the mother, and especially the nurse, just as soon as the breasts get hard and somewhat painful, which usually happens on the third day, to use the breast pump.

I believe the use of a breast pump at this time is bad practice, is a frequent cause of sore nipples and of injury and inflammation of the breast. We must remember that the first fulness in the breast is not caused by milk, but by blood. The breast is engorged with blood to the fullest extent and a breast pump only increases that congestion. Rather pad the breast well with cotton, put on a wide bandage, having previously rubbed it with hot castor oil. I speak of castor oil particularly because of its being more astringent than other oils. The idea is not to rub hard to milk out the breast, but just keep the hand moving over the breast lightly, not for half an hour, but for two or three hours, if necessary. Pretty soon the tension gives way to comfort and the next day's milk takes the place of the congestion.

Another point that I will speak of in the line of prophylaxis is the care of a woman during and after labor. It is needless to say that the obstetrician should be cleanly. That question has been ground into us so thoroughly that we consider it old. The man who does not heed its teaching is a failure as an accoucheur. But the question of how much preparation our patients need before being examined by one who has thoroughly cleansed his hands, is one upon which we may not all agree. It has been said that the vagina in a pregnant woman is sterile. If that is true, why do so many advise the bichloride douche before the first examination, or douches during the puerperium? I will not pretend to answer that question, for all I know about it is what I hear and read, but I have had as uniformily good results where I have left the vagina alone as where I

have scrubbed it out with green soap and water, followed by a bichloride solution. I do recommend the bichloride douche, however. The hair should be cut away from the ostium vaginæ and the genitals thoroughly cleansed and the inside of the thighs as well, to prevent carrying infection into the vagina from without.

THE PREVENTION OF POST PARTUM HEMORRHAGE.

The old saying "an ounce of prevention is worth a pound of cure" has proven itself again and again in the failure to carry out certain details in the third stage of labor. A uterus that has labored faithfully for sixteen hours or more, is lacking in muscular tone and the utmost care should be taken to secure its firm contraction after the birth of the child. I believe that post partum hemorrhage is largely a preventable condition and we should assist nature by patient waiting, if necessary, to secure its contraction.

The method of Crédé in dealing with the placenta is followed more or less generally by most physicians and it is to be commended. After the birth of the child the uterus should be immediately grasped by the nurse or assistant and held until the delivery of the after-birth and even for a half hour afterward would be good practice. There is no ironclad rule that can be laid down as to how soon the placenta should be delivered, but it should not be less than twenty minutes, and even thirty or forty or longer, if the uterus shows signs of relaxation. I usually wait until the patient has had two or three natural pains which show a natural tone upon the part of the uterus. If chloroform has been given for any prolonged period, the above treatment is especially needful.

A hot bichloride douche should be given after the delivery of the placenta and its membranes, first as a hemostatic and to remove clots, and secondly, for its antiseptic effect. The patient's condition should be watched if the pulse is over 100. Indiscriminate douching after labor is not good practice. Unless one has a competent nurse, I believe a daily douche often does more harm than good. If, however, there is an offensive lochia it should be given under strict antiseptic precautions. The vagina should be treated as an open wound and closed with an antiseptic pad.

After the first twelve hours the patient may sit up to urinate, unless there is a tendency to hemorrhage or other complications, as the position favors drainage and does away with any vesical irritation from the use of the catheter. The use of the catheter is, however, necessary in some cases. The patient can at this time move more

actively in bed and change her position from side to side to prevent retroversions that are so common after labor. The last point is important.

REPAIR OF LACERATIONS.

I was taught that to have a laceration was a mark of poor workmanship, but I have noticed as I have grown older in practice that it happens now and again to the most experienced, and I have concluded that it is not such an unpardonable sin. In my early practice I was inclined to overlook slight tears and to think them of no consequence, but for some years I have examined my patients after labor most carefully and find oftentimes tears that only a minute examination could determine. I consider any physician who examines his patient carefully after labor to find tears and repair them should they exist, not a weak physician, but a strong one.

Much can be done to save the perineum. I find that a bichloride towel folded and placed over the perineum with the thumb on the head, using pressure and keeping it well adapted to the outlet saves the perineum a great deal of mechanical pressure from the hand and consequent laceration. Episiotomy has saved me many a tear and I always make it, if I think there is any danger of not delivering the head safely. The parts always heal kindly and can be sewed without the help of an assistant. All tears, however slight, should be repaired, even to a split in the mucous membrane, to prevent infection and to ensure the return of the parts to their healthy condition.

To summarise the points in this paper, which I have attempted to emphasize: (1) Family and personal history; (2) General physical examination; (3) General hygiene as food, clothing, etc.; (4) Special attention to urine; (5) Care of nipples and breasts; (6) Asepsis and douching before and after labor; (7) Prevention of post partum hemorrhage; (8) Repair of lacerations.

DISCUSSION.

Dr. MATTHEW D. MANN—The paper read by Dr. Taylor is so eminently sensible, practical and up-to-date as to leave very little to be said on the subject. I agree with him in almost every detail, but can perhaps add a few points that he has not touched and emphasize a few that he has. One is with regard to exercise. I believe that the pregnant woman should take as much exercise as she can, but that amount is a question very hard to settle. Some can take a great deal, while others are so incapacitated, during the later months—especially when they have previously borne children and the heavy abdomen falls forward—that they can do hardly anything. In such

cases a properly constructed abdominal support will enable them to get about.

With regard to bicycling: I have always advised women who have been accustomed to ride to keep right on and have known them to ride during the first four or five months without any harm whatever, but with manifest benefit. With regard to the kidneys I wish to emphasize what the doctor has said. There may be a considerable amount of albumin in the urine without any evidence of serious trouble. I think that some authorities state that as many as 25 per cent. of pregnant women have albumin in the urine. Certainly there are no serious evidences of eclampsia in that number. What he has said with regard to the total amount of urine is of vastly more importance. A woman may have very serious trouble without any albumin being present, the only symptom being a renal insufficiency, which means that certain poisons are retained which ought to be gotten rid of and that she is suffering from an auto-intoxication, which may result in the gravest manifestations. I believe this to be the cause of a great many of those cases of intractable nausea and vomiting of pregnancy. I feel very sure that it is the cause, judging from the results of treatment. You will find in all these cases that the total amount is very small; they are vomiting and can take very little water, so the amount excreted is in proportion to the amount of fluids ingested. I believe the renal insufficiency antedates the severe nausea; they may have had some, stopped taking water and the renal insuffciency becomes marked, followed by symptoms of auto-intoxication. I have seen a number of cases that have been greatly benefited by the forced injection of fluids by way of the rectum. If we can improve the action of the kidneys they will recover more quickly than by any other means. Moreover, I believe there is a better chance of saving the life of the child under this line of treatment.

What Dr. Taylor has said in regard to the nipples and breasts is exactly in accordance with what I have long believed, practised and taught—to let the breasts largely alone, refrain from too much rubbing, the use of breast pumps, and the like, most of them being of no earthly use. It requires an intermittent suction, as a steady suction is not natural and will not answer the purpose. Putting cotton on them and bandaging them firmly gives better results than working at them. We should always remember that the so-called broken breast is the result of an infection entering via the nipple and milk ducts and that it is a late manifestation. It does not occur during the first week with the rush of milk. The lumps which occur at that time soon disappear, when the child begins to nurse and we can afford to let them alone. If we see that the nipples do not get sore the danger of abscess is very greatly diminished. I do not mean the little abscesses, which start as a pimple on the skin, but mastitis.

With regard to puerperal infection, I think the doctor is right, and that very few cases start from within. Examinations made by many bacteriologists, notably by Dr. W. Williams, of Johns Hopkins,

who shows that the vagina is absolutely sterile; that previous observations were faulty; that in an examination of over 100 cases he found the vagina sterile almost every time. Whence then does the infection come? Undoubtedly from the examining fingers. The hands of the accoucheur should be as thoroughly cleansed as for an abdominal section. It is possible that infection may arise from pus tubes, antedating the pregnancy. One tube may be practically normal, the other full of pus. I have seen a case where gonorrhea was acquired during the pregnancy. The mother had severe puerperal septicemia and the child ophthalmia neonatorum from an infection antedating the labor. Danger also arises from the external genitals and they should be carefully cleansed.

As to douches afterward, I think we can dispense with them. In one of the foreign hospitals 1,000 cases were treated thus and the same number without them; the second series did better than the former. We can let them alone as a matter of routine practice, where there is no decided indication.

With regard to sitting up, I remember Dr. Goodell's advice, which was eminently sound. He made all his women sit up on the fifth day. He had them get up to empty the bladder after the first twenty-four hours; and said there was a form of puerperal sepsis which was cured by getting up and allowing clots to escape from the vagina

Lacerations, I believe, as Dr. Taylor has stated, should be attended to at once. I believe that there is sometimes such a disproportion between the head and the vagina that a laceration is bound to occur. Whether severe or slight, I believe they should be sewed up.

THE RELATIVE DEATH-RATES FROM CANCER AND CONSUMPTION.[1]

By JOHN H. PRYOR, M. D., Buffalo, N. Y.

It is a part of probability that many improbable things will happen.

—ARISTOTLE.

THE term consumption when employed in this paper, refers to pulmonary tuberculosis only.

Recently considerable literature has appeared in medical journals, periodicals, and the daily newspapers concerning the death-rate from cancer in this state. It has been compared with consumption to show a relative gain which has surprised the profession and the public. Wild statements have been accepted without examination, and they have caused alarm and given rise to opinions which are

1. Read before the Alumni Association of the Medical Department of the University of Buffalo, April 25, 1899.

erroneous and misleading. One writer of eminence has repeatedly published statistical information, conclusions and predictions with reference to the death-rate from cancer which are startling if true.

At this time special attention will be invited to two recent contributions. (1) An article entitled, A further study into the frequency and nature of cancer, *Medical News*, April 1, 1899, and, (2) First annual report of the director of the New York State Pathological Laboratory of the University of Buffalo, transmitted to the legislature January 26, 1899. This report to the legislature is an official communication, and the following quotation explains the relations of the institution and the state: "Last year the legislature appropriated $10,000 to the Medical Department of the University of Buffalo for the purpose of equipping and maintaining a laboratory, to be devoted to the study of the causes, mortality rate and treatment of cancer." In each article figures derived from the reports of the state board of health are given, and the increase of cancer for the last eleven years is offered in support of this remarkable conclusion.

"A careful study of these tables permits one to make the following startling prophecy: If during the next ten years the relative death-rates are maintained we shall find that ten years from now, viz.: 1909, there will be more deaths in New York State from cancer than from consumption, small-pox and typhoid fever combined." The extraordinary nature of this prediction is appreciated and italics are employed to emphasize its portentous meaning. Incredulity has led to a scrutiny of the data presented in proof of this assertion.

In the *Medical News* the following figures are published to show the gain in mortality from cancer and consumption for the last eleven years inclusive. "Deaths from cancer in New York State, 1887, 2,363; consumption, 11,609. In 1898 there were 4,456 deaths from cancer and only 12,552 from consumption."

The figures for 1898 are incorrect,—they should be, deaths from cancer, 4,385; death from consumption, 12,979—a decrease of 71 for cancer and an increase of 427 for consumption. Now to estimate the increase from 1887 to 1898 without any reference to yearly increase or averages is manifestly inaccurate, but allowing that privilege, the gain in the death-rate of cancer is 85 per cent. and consumption, 11.8 per cent.; if fractions of percentages be dropped the gain of cancer over consumption is 77 per cent. for eleven years or twelve years inclusive.

The sources of error due to the peculiarities displayed by disease and influencing conditions are so numerous and glaringly apparent,

that one can place slight credence upon any estimate for future years. But if any one has sufficient interest to compute the probable increase in deaths from cancer, according to the percentage given he will find that cancer must increase three and a half to four times faster in the next ten years than it has in the last eleven years to destroy as many lives as consumption. "If the relative death-rates are maintained" cancer will destroy as many as consumption and typhoid fever in from thirty-five to forty years or about 1945. I repeat, all such generalisations and predictions are unjustifiable scientifically, and only excite morbid interest and promote novel theories which mislead.

If any consideration of typhoid fever and small-pox be eliminated, some confusion and misapprehension may be avoided. The dread disease small-pox caused one death in this state last year, and the very small percentage of deaths from typhoid fever, in proportion to the number who suffer from that disease, may lead to false views of its prevalence as compared with cancer. Perhaps the danger of any prognostication regarding the future conduct of a disease may be illustrated in passing by citing the death-rate from typhoid fever last year when it jumped up 469 over 1897, due largely to epidemics in military camps. Consumption increased its death-rate 338, and cancer 254, a gain of 503, which cancer must overcome at its average increase of 160 per year. In the report to the legislature mentioned, tabulated figures prepared from the reports of the state board of health are furnished and the principal part of the report devoted to mortality is employed to show the relative increase of cancer and decrease of consumption. Statistical table 6, page 15, contains the estimated population for each death from these two diseases from 1887 to 1898. The deductions are based upon the whole increase again, not upon the average. To quote: "Thus in 1887 one person in every 2,402 died of cancer, and one of every 499 of consumption." "The table also shows an increase (of deaths from cancer) of 40 per cent. during the eleven years tabulated." "In other words, in 1887 one out of every 2,400 died of cancer, in 1898 one out of every 1,500." "The same table shows that the mortality rate from consumption has shown a marked decrease." The figures given for 1898 are 1 of 1,568 for cancer and one of 544 for consumption. They are incorrect, and should be 1,594 and 540 respectively, a decrease of twenty-six for cancer and an increase of four for consumption. A consideration of these figures given in the statistical table leads the author to the alarming prediction, in italics,

intended to show that the deaths from cancer will exceed those of the three diseases already mentioned.

It will be found that an increase of 40 per cent. for the next ten years, even provided the death-rate from consumption remains the same, will yield the following result: Deaths from cancer, 6,139; deaths from consumption, 13,000.

An estimate of the average death-rate to the population to equalise variations show for eleven years, cancer one death for 2,210, and consumption one death for 476 population. Thus consumption exhibits an average death-rate per year much higher than the figures given in the summary above. Once more the only safe conclusion possible is that cancer must increase three and a half to four times faster in the next ten years than during the last eleven to be abreast of consumption as a cause of death.

The relative percentage of all deaths or the number per 1,000 deaths give the same result: Consumption causes about 11 per cent. of all deaths. The percentage for each of the eleven years wavers from 10 6.10 per cent. to 11 per cent. The deaths from cancer show an average gain of 1 per cent—an increase of 1 5.10 per cent. in 1898 over 1887. The number of deaths from cancer in 1898 is 3 7.10 per cent. of total deaths for that year. The average increase of deaths from cancer for eleven years is 160 each year, and at that rate of increase for ten years the total number of deaths from that disease in 1909 would be 5,985. Consumption increased its number of deaths on an average of 136 per year, and if the same ratio is maintained 14,839 will die of that disease in 1909.

This computation is introduced simply to illustrate a discrepancy in estimating results based upon vital statistics and to show that the expected increase of cancer is unwarrantably exaggerated. It may be claimed that a "marked decrease" for consumption is not revealed. The alleged decrease of consumption in this state is due largely to gross exaggeration, and somewhat to sophistical misuse of statistics selected for a special purpose. Nor can it be fairly claimed that the death-rate from cancer increases progressively. By dividing a series of twelve years into two periods of six years and estimating the increase, it will be found to be very slight, and certain districts of the state show a tendency to preserve an unchanging death-rate or a gradual decrease in rapidity of increase. The reports from New York City for thirty-one years, divided into three decades, reveal an increase represented by 55 per cent., 73 per cent., 39 per cent., and for the last five years 23 per cent. Cancer is not the only disease

characterised by a steadily increasing death-rate. Diseases of the urinary system and particularly Bright's disease and pneumonia have increased almost if not quite as fast, especially if considered in relation to mortality and the number affected. The fact that cancer is increasing is best illustrated by the advance in percentage of the death-rate in relation to the general death-rate. However grave the outlook may be, there is no justification for the expected increase of more than 300 per cent. in ten years, when by the most liberal and questionable methods the past gain has been 85 per cent. in eleven years.

For some reason not explained by an examination of the mortality returns, the statement has repeatedly been made that a certain locality in New York State, of which Buffalo has been said to be the center, belonged to a distinct "cancer-belt," where cancer was prevalent to a remarkable degree. The belief in this myth has become quite wide-spread and recently inquiries from a distance have been reaching physicians here. There seems to be no reason why the rumor should go longer without a denial. It is doing the City of Buffalo no particular good, especially in view of its boasted low death-rate. The returns of deaths from cancer in the Lake Ontario and western district, in which Buffalo is included, gives a death-rate of sixty-one per 100,000 for 1896 and 1898. This shows not only no increase per population, but a rate below the average for the state. The death-rate for Buffalo is 58 per 100,000 or below that of the district. It is also below that of other cities in different parts of the state. Compared with the State of Massachusetts, certainly far removed from any supposed "cancer-belt," and noted for the reliability of its vital statistics, it is found that the rate for that state in 1895 was 64 per 100,000 or 6 per 100,000 more than Buffalo. In Massachusetts the death-rate from cancer has almost trebled in forty years and in Michigan is about three times as great as it was thirty-one years ago. In both states the increase is somewhat greater than in New York State in spite of the larger population.

There are possible sources of error which must be considered as bearing upon the death-rate and prevalence of cancer and consumption. The increase in reports of death from cancer may be accounted for to an indefinite extent by improvements in diagnosis and added knowledge due to operative interference, particularly in the abdominal cavity. We must also bear in mind that an unknown number of patients come to large medical centers in this state and those dying add to the mortuary records. Practically every case of cancer is

reported, because almost invariably fatal. On the other hand, many consumptives leave the state for other climates and the deaths are unrecorded here. A certain unknown percentage recover and at least 25 per cent. of autopsies reveal evidences of tuberculosis not fatal or healed. The difficulties in securing sick, industrial and life insurance and efforts to protect the family at times, are giving rise to evasion and false returns.

Surgical treatment of tuberculosis, which has improved remarkably in recent years has lessened the number of consumptives by the eradication of foci of infection. Finally, the fact cannot be emphasized too strongly that consumption indicates an affection of one organ and tuberculosis of all other organs is not included in recent comparative death-rates. This is partial and misleading. If all the deaths from tuberculosis in the unclassified list and the deaths in childhood due to the same cause were added, the disparity between the deaths from cancer and consumption already shown would be still further magnified.

Of late the assertion that consumption has materially decreased and steadily declined in New York State has been reiterated without any explanatory data of a broad or comprehensive character. It is now sixteen years since Koch's discovery of the cause of tuberculosis, and since new methods of prevention were suggested. The death-rate continued to advance numerically until 1887, then fluctuated until 1892, since which time it has remained stationary or has slightly declined. Since 1887 the average yearly increase has been 136 for twelve years. In 1897 there was a marked decrease and the enthusiasts made promising conjectures and ascribed great results to so-called prevention. In 1898 there was an increase of 338 and 12,979 deaths—very near the 13,000 average again. Whenever a decrease has occurred it has not been general, and the slight diminution in recent years is largely due to a lower death-rate from the diseases in New York City, particularly among females.

In the eight districts of the state, all save the maritime, which includes New York City, the number of deaths per 100,000 population has increased. The percentage of all deaths and the number per 1,000 deaths has remained practically the same except in 1897, and it increased again in 1898. In 1893 the number of deaths per 1,000 of all causes of death was 105.94, average for six years, 108.13, and in 1898, 108.13. Consumption causes as many deaths, but not as many in proportion to the population. The explanation is to be found in the recent great diminution in the general death-rate,

and consumption simply shares with other zymotic diseases in the prolongation of life and greater freedom from disease.

It claims its proportion of the small death-rate as it has of the high, but its death-rate does not decrease as rapidly as the general death-rate. The death-rate in New York has decreased 22 per cent. since 1888 and much more rapidly in some cities, viz.: Buffalo, whose death-rate last year was 12.25 per 1,000 and that of the state, 18.10. Compared with a preventable disease, *i. e.*, scarlet fever, the difference is very plain, and with a disease where prevention and saving life are combined, *i. e.*, diphtheria, the remarkable decrease of the latter and the curious constancy of consumption are most striking. To repeat, the number of deaths from all causes in proportion to the population has undergone a most remarkable decrease in the last ten years. The population has steadily increased in this state from 5,800,000 in 1888 to 7,000,000 in 1898, while the death-rate declined. There are fewer deaths from all causes, but consumption continues to claim its proportion. Numerically the death-rate may vary or diminish during certain periods, but tuberculosis in all forms is still responsible for 1.7 of the deaths of this state.

When considered in relation to all the facts, the claim that consumption has markedly decreased is exaggerated, and the statement that the disease has been checked in its spread is more accurate and trustworthy. Furthermore, this limiting of its ravages cannot be ascribed, except in small part, to any special efforts in the way of prevention. The wave of sanitary improvement has probably accomplished the result by removing the cause, increasing vital resistance and eradicating vicious and therefore encouraging environments and conditions.

Modern ideas of prevention have never been put in practice in this state except to a slight extent. Methods which seem to promise much have never been thoroughly or generally tried. What changes this adoption might produce are unknown. Education has not fulfilled the extravagant predictions that consumption would rapidly disappear before its influence after a knowledge of the cause was given to the world. It has aided, but its principal use will be found in making the enforcement of wise precautions easier and more acceptable.

Under existing conditions there seems to be no sure foundation for a belief that consumption will rapidly decline as the chief destroyer of human life. Unless new methods of dealing with the disease are introduced there is no sufficient justification for the pleasing prophecy so often heard, that the scourge will pause in its

awful work. That its death-rate will diminish in the next ten years enough to allow cancer to overtake it, obviously calls for no comment.

The fatal disease cancer appears to be increasing with such terrible rapidity that the mere mention of the fact is enough to cause apprehension and alarm and stimulate a desire to learn more of the cause and nature of the malady. Any comparison is unnecessary and is apt to prove harmful by confusing the public mind and distracting attention from problems of the day pressing for solution.

The state has made a commendable move in establishing a state laboratory in which investigations, relating to the cause and nature of cancer may be pursued. If appropriations are liberal enough to allow of a proper prosecution of the work, something may be accomplished. As yet, no proof has been established of its infectious nature or parasitic origin, but many signs point in that direction, and the fact that those qualified to pursue the investigation are pursuing the matter with scientific zeal all over the world makes the future outlook somewhat more hopeful. How near or how far we are from the time when more may be known of cancer cannot at present be conjectured. We know the cause of consumption and the conditions which promote the disease. We know that it is infectious and largely preventable. We know that a percentage, varying from 60 per cent. to 75 per cent. of early cases can be cured and the remainder improved by proper treatment. Therefore an immense and unnecessary loss of life and an appalling and unnecessary amount of suffering prevails in this state because stupid, antiquated, inhuman and wasteful methods of dealing with the consumptive continues.

Broad, general and sensible measures of prevention can be employed without hardship, and the public can thus secure the protection which is its right. Sanitary treatment of the early cases is the humane and ideal method of prevention, but it must be preceded or accompanied by other measures. When the prospect of proper treatment is offered the incipient case, prevention will be hurried and failure to make an early diagnosis will be blameworthy, as it has become in appendicitis. For many indisputable reasons the state must lead the way as other states and countries have done. Until the present crusade against consumption has accomplished something definite, the conditions will remain practically unchanged, and in view of our present knowledge the consumptive will continue to be one of the saddest victims of neglect in the world.

How long the death-rate from consumption will remain a disgrace

to the medical profession and the state we cannot know, but the time will not be shortened by the recent tendency to exaggerate the importance of one disease and belittle the dangers from another. The possibility of the death-rate of cancer exceeding that of consumption in 1909 on the present ratio of increase can only be realised by some unlooked for and very unusual occurrence.

Undoubtedly the number of deaths from consumption can be greatly decreased by prevention and proprer care, and if rational methods of relief are ever adapted, the time may come when the wide difference between the mortality rate of consumption and cancer may be greatly diminished or obliterated. At present the supremacy of consumption as the "white scourge of civilisation" is in little danger, and ignorance and false theories will probably help to lengthen the long and necessarily unknown period which must elapse before its new rival will be proclaimed the champion depopulator.

DISCUSSION.

Dr. H. R. HOPKINS said it was a subject for congratulation that we have an opportunity occasionally to consider the reasons why the state is interested in this topic. There is nothing for which the medical profession is more celebrated than its conservatism; and perhaps the largest factor in that conservatism is the inertia of the human mind. We have but to refer to the date when Jenner published the results of his twenty years' labor to realise how slow the profession is to take advantage of his discoveries and to estimate how long it will take that profession with the same conservatism and the same inertia to profit by the discoveries of Koch. He thought it was probably not too much to say that the profession as a profession is absolutely unconscious in its methods of treatment of the fact that tuberculosis is a communicable disease. If that end were accomplished in 100 years, he thought we should have done well. Another obstructive element is preconception, and it is very difficult to get out of the head of the old practitioners the idea of its transmissibility by heredity and so long as a vestige of that notion remains our efforts at present will be impotent.

I congratulate the alumni association and the readers of these papers that on this annual gathering so many of us can meet from our several walks of life and notwithstanding our different prejudices, try to carry away something which shall make for the general betterment of the profession. It seems to me we can go to our homes with a clearer conception of the state's interest in the protection of the lives of its citizens, and that it can do something to limit the spread of this communicable disease which spreads, not by heredity, but simply by contact of the susceptible with the infectious principle, which comes from some animal or person infected with tuberculosis.

Dr. DELANCEY ROCHESTER—The change of topic has necessarily modified the discussion somewhat. I trust that before it is ended

the conductor of the state laboratory (Dr. Gaylord) and others who are interested in these statistics will have an opportunity to present their side of the question. The discussion of the comparative death-rate of cancer and pulmonary tuberculosis is purely a matter of statistics on which I am not prepared to enter. The fact remains, however, that we have an increase in both diseases going on from year to year and the relation of the state to this matter is one of exceeding interest to all. I think the point well taken by Dr. Hopkins, that we as a class are not doing all we can to prevent the spread of tuberculosis. Over and over again people have come to my office suffering from this disease who have been under the care of physicians, yet not one word has been said to them about its infectious nature, and that they themselves can prevent its transmission to other people. I have leaflets printed, which I present to each case that comes to my office. It is much better that he should know he has the disease and that other people should not suffer in consequence.

With regard to the duty of the state, to me it seems to be a matter which it should grasp with all its power, and I want to enter an appeal here and if possible have this association take action, which may be presented to the state legislature to the effect that we approve of state control of tubercular cases, the establishment of sanitaria for the treatment of incipient cases, as well as hospitals for the care of more advanced cases who should be prevented spreading the disease. We confine the insane lest they kill or injure others. Why should we not confine tubercular patients who will not do as they ought, but submit everybody else to the dread danger of consumption?

Another point, and it applies as well to cancer, is that the state should prevent the marriage of tubercular patients. Even when the patient has so far recovered as to show no evidence of the disease he should not be allowed to marry. It is a matter of some disturbance to the individual, of course, but personal feelings should not be allowed to enter into the question.

Dr. H. R. GAYLORD—I really do not know what I can say on this subject, my connection with the state laboratory being of a purely scientific character, and, scientists, as a rule, are peculiarly sceptical on the subject of statistics. I think it almost impossible to prove anything of importance from them. From a clinical standpoint they are of considerable value. My personal opinion with regard to tuberculosis is, that one of the very first things the state should attack is the cattle question. From a scientific standpoint it bears a very marked relation to the spread of tuberculosis. I think in regard to its taking systematic care of patients, that there would result a very marked difference in statistics now based entirely on laboratory work.

With regard to cancer, I can appreciate what has been said about our work and can understand the attitude taken in regard to the statistics. About it I express no personal opinion. I can say that there is throughout the scientific world a great deal of conservative scepticism regarding carcinoma, which is entirely justifiable. I came to Buffalo a sceptic, having been trained in a laboratory where

very little thought was given to parasitic theory, but I stand today on a somewhat different footing. My experience has caused me to change a great many of my scientific views. It would not be wise for me to make any statements with regard to the work carried on in the laboratory, but I can say that they are infinitely more surprising to me now than they will be to you when published. I am satisfied that in a few years, perhaps months, we shall have something definite to say about cancer.

Dr. W. H. BERGTOLD—It seems to me if I apprehend the situation, that the chief use of Dr. Pryor's paper is to teach us not to go off at half-cock. I think that statistics may be manipulated unconsciously, if you please, and that applies to my own paper and in fact covers almost any position. It seems to me that in regard to this question of tuberculosis and cancer, we are hoping and expecting a Utopia in ten or fifteen years. You are not going to make a race moral in ten years, nor are you going to educate it in ten, nor fifty, nor one hundred years. If we simply call attention to the fact that tuberculosis is infectious we are teaching only half the subject; we must teach them that there must be a soil, that we must take care of that soil, to make it unresponsive to the seed. Any man who fails to teach his patient to take care of all his excretions is criminally negligent; and he who does not teach his patient to build up his bodily resistance is equally so. I think if we could carry out Dr. Rochester's suggestion it would be wise. However, the doctor tacitly assumes that all people are virtuous and that the prevention of marriage would prevent propagation. If that were true, it would be well, but the prevention of marriage would not by any means stop the coming into the world of people with the hereditary diathesis.

Dr. PRYOR—Said he had believed for a long time that we cannot depend upon statistics, but to take the ground that all statistics are inaccurate is simply absurd. If there be one thing a man can learn to figure on absolutely it is vital statistics. The error lies not in the figures but in the conclusions drawn from them. The position he took was simply that he did not believe certain statistics nor the conclusions based thereon.

THE RELATION OF MEDICINE TO CIVILISATION.[1]

By JOHN O. ROE, M. D., Rochester, N. Y.

IT IS the privilege of the present generation to witness the most brilliant achievements in science, literature and the arts, that the world has ever known. This epoch may be regarded as the consummation of the ages, the result of all previous endeavors, and the refined product of all previous thought.

1. President's anniversary address, delivered before the Medical Society of the State of New York, February 1, 1899.

Of all the different factors that have contributed to this result, science may be regarded as the most important, the greatest civiliser of them all, whose progress may be likened to the motion of a falling body which is increasingly accelerated by its accumulated momentum.

The influence of the marvelous discoveries in science during the past quarter of a century in advancing civilisation is shown in the increased general enlightenment of the people; in the stimulation of original investigation; in the liberalisation of public sentiment; and in freeing the mind from the dogmas of the past. This general advance in scientific knowledge, however, has resulted not from progess in any one department, but from the simultaneous discoveries in each, from the consensus of the sciences, as Spencer terms it, each contributing to the advancement of all the others. But no department has contributed so much to civilisation in the prolongation of life and the general happiness of mankind, as that of medicine.

I would, therefore, ask your attention to a few thoughts on the relation of medicine to civilisation, noting first, the influence of civilisation on medicine, and second, the influence of medicine on civilisation.

THE INFLUENCE OF CIVILISATION ON MEDICINE.

Every department of science, from the earliest times, has been dominated or influenced by the spirit of the times in which it existed. A cursory glance over the world's history shows that the intellectual progress of man has passed through three stages: mythological, metaphysical and scientific; each, however, merging slowly and almost imperceptibly into the other.

These three phases of thought have existed together in all ages, but each stage of intellectual development is marked by the predominance of one of these over the other two. Thus, with the vast majority of the early Egyptians, Greeks and Romans, mythology dominated all their actions in every form of life; and all the phenomena of nature were regarded by them as the result of the direct agency of the gods. Nothing was ever undertaken without first consulting the oracle of the god who was supposed to preside over this or that particular class of things or events.

A most ancient and revered law declares that "Sacred things can be revealed only to the elect, and ought not to be confided to the profane until they are initiated into the mysteries of the science;" and these elect were initiated only upon oath that they would keep

the mystery. Thus the healing art was made hereditary and kept within the family, as is illustrated by the *Asclepiades*.

In early Egypt the only medical advice obtainable was from the passers-by, the patient being placed by the roadside; but later it was the law for them to be carried to the temple and to the priest, and, if cured, the symptoms and treatment were recorded for future use.

The scepticism that arose about the fourth century before the Christian era tended to do away with mythology, and opened the way for the philosophic and scientific stages that followed. For it was out of the desire and efforts to explain the various phenomena of mind and matter, that the different schools of philosophy grew up. The earlier thinkers who surpassed the common people in thought called themselves sophists (wise men); Socrates, however, not so pretentious, called himself a philosopher (lover of wisdom), and constructed many theories to account for the phenomena of which he was cognisant.

The different systems of philosophy, however, when compared, were found to be essentially opposite in their teachings so that doubt was cast upon all alike, and the thoughtful minds of the times turned in search of something that could be relied upon, which led to the growth of what may be called the scientific spirit. Now it may be said that

> Philosophy, that reached the heavens before,
> Shrinks to her hidden cause, and is no more.

Socrates, who held that all philosophy was vain which was not founded on fact, was followed by Plato, Aristotle, and others, who made investigations in many fields of knowledge, which, especially in the case of Aristotle, resulted in useful discoveries in zoölogy, anatomy and botany, departments of knowledge that had not before reached the dignity of positive science. Then followed the establishment of many schools and libraries.

Hippocrates was the first to infuse into the medical philosophy of his time the spirit of investigation, which, however limited in extent it may have been, was, nevertheless, the motive force and inspiration of the thinking minds of his time, planting the germ of the new science.

Stimulated by this spirit, Alexander the Great founded the Alexandrian library, which, under the direction of his esteemed tutor Aristotle, made itself felt in the works of Erasistratus and Herophilus in medicine, and of many others in the various departments of learn-

ing. Even after the final destruction of this library and university in 640 A. D., its influence was still alive in the planting of the great schools at Granada, Cordova and Toledo, in Spain, and at Salerno and other places in Italy, which preserved the science of medicine through the dark ages.

This three-fold influence of mythology, philosophy and science is found repeated in the history of the middle ages, the renaissance, and the last three centuries, respectively. For instance, all the persecutions of the dark ages were the result of this mythological spirit mingled with superstition, which sought to destroy the sciences in their infancy, as illustrated by the persecution of Galileo for his astronomical observations, and Roger Bacon for his physical and medical pursuits.

The renaissance was a quickening of the intellectual life, but with this quickening the mind was turning to the asthetic arts and the speculative sciences, to the neglect of the empirical sciences, and medicine consequently made little or no progress until Francis Bacon instituted the inductive method of study, which was the beginning of progress in the natural sciences, and has made the seventeenth, eighteenth and nineteenth centuries the really scientific period of the world's history.

In accordance with the spirit of the times, many laws were enacted retarding the growth and development of medicine. For many centuries all effort at dissecting was regarded as sacrilegious and was forbidden, owing to false conceptions and prejudices regarding the sacredness of the body. And these restrictions continued during the middle ages and the time of the crusades, and in 1317 Pope John XXII. issued a bull against alchemy, which was really executed against ortho-sciences and pseudo-sciences indiscriminately, and all experimental sciences were forbidden. In 1404 Pope Innocent VIII. issued a bull which let the Inquisition loose on Germany, with Sprenger in the lead, to destroy men and women by the tens of thousands for sorcery and magic; but every phenomenon was magic that was not understood; so that chemistry and physics and all experimental sciences, medicine among them, were very greatly retarded. There were many other similar enactments, and Luther himself was a profound believer in witches; the Reformation, even, giving no place to science.

Besides these ecclesiastical decrees, there were some civil decrees against the sciences. In 1380 Charles V., of France, forbade the possession of furnaces and apparatus necessary for the study of

chemistry. In 1404 Henry IV., of England, issued a similar decree, and in 1418 Italy and the Republic of Venice followed these examples, while physicians were very generally regarded with suspicion and often massacred.

From considering the general influence of the spirit of the times in retarding the progress of medicine, we may now briefly consider what assistance medicine has derived from civilisation and especially from the other sciences.

Herbert Spencer says: "We find that to make a single good observation in the purest of the natural sciences requires the combined aid of half a dozen other sciences." It is this increasingly comprehensive consensus of the sciences that marks their development, and makes it impossible to draw a distinct line of demarcation between them, or to tell where one begins and the other ends. Thus Faraday's discovery of the laws of magneto-electric induction and polarity, led him at once to ask what is the relation of this polarity to chemical combination, and this launched him into long tasks of chemical research.

From physics alone medicine has appropriated very much to its use. Under the subject of light, we notice that Euclid's discovery (260 B.C.) that light travels in straight lines, finally resulted after many centuries in Alhazen's discovery (1030 A.D.) of the principle of refraction, reflection and magnifying glasses, and that the nature of sight was a physiological phenomenon. The experiments and discoveries of Roger Bacon and Vitellio (1240) of the nature of light and the causes of the rainbow, etc., led to Baptiste Porta's invention of the camera obscura (1560), from the application of which comes the science of photography, which has a very practical application to the medicine of today. From Alhazen's magnifying glasses came Jansen's microscope (discovered 1590), which was applied by Malpighi, in 1661, to the study of the cells of the lungs, resulting in his discovery of the Malpighian layer, and which led to the study of cells and glands throughout the body. By studying under the microscope the circulation in the mesentery of a frog, he discovered the nature of the circulation and the contraction of the blood corpuscles, as they were then called, on passing the walls of the cells. What would not Harvey have given to see this!

Microscopy has introduced us to a new world, revealing the minute structures of the body and the organisms that play so great a part in the plan of nature in health and disease, and, through the

labors of the immortal Pasteur, has given to science a new department—bacteriology.

Under optics we may also mention Helmholtz's discovery (1851) of the principles of the ophthalmoscope, thus giving rise to ophthalmoscopy and ophthalmology. The laryngoscope, invented by Garci- and perfected by Czermak, has given precision and accuracy to the diagnosis of diseases of the larynx, nose and throat.

Newton's discovery of the nature of the solar spectrum (1670) was followed by the analysis of the spectrum by Wallaston and Frauenhofer (1802 and 1804). This was immediately applied by Sir William Herschel, not only to discoveries in the composition of the heavenly bodies, but to the discovery of heat rays, and the spectroscope, so extensively used today, and first applied by him to chemical analysis (1822); and it was by pursuing this same line of investigation that Röntgen was led to the discovery of the so-called *x*-rays, which has marked a distinct epoch in surgery.

Acoustics have contributed much to medical and surgical diagnosis.

From the earliest time sound was regarded by philosophers as a kind of entity, until Newton, in 1687, pointed out that it was caused by the vibrations of the particles of an elastic medium, varied according to the density of the medium, and this fact was first put to practical use in medical diagnosis by Auenbrugger in his discovery of percussion. This discovery, together with the application of the same principle to auscultation and the invention of the stethoscope by Laennec, revolutionised the diagnosis and treatment of internal diseases, and especially those of the chest. The various modifications which the stethoscope has undergone have finally culminated in the phonendoscope of Bianchi.

This principle of sound conduction is utilised in various methods of diagnosis in surgery for the detection of liquid and solid accumulations, for the location of bullets and the detection of foreign bodies in all the different cavities of the body; and it is also of special service in the diagnosis and treatment of aural affections.

The application of the principles of hydrostatics, in determining specific gravity in practically the same manner as that employed by Archimedes (250 B. C.), is at the present time one of the principal methods of determining the relative weights and measures of both solids and liquids, especially in the laboratory, where perfect accuracy is required, and is daily used in analysis for the detection of adulteration of foods.

The important principle of hydraulics (discovered by Pascal in 1563), that water will escape from an orifice at the bottom of a tank with the same velocity as if falling from the top, is applied to medicine by the invention of the fountain syringe.

From pneumatics, Guericke's air-pump, as improved by Boyle in 1642, is applied in the form of the exhaust stomach-pump, force-pump and ordinary syringe. After the invention of the mercurial barometer by Torricelli (1644), the thermometer (said to have been invented by Galileo long before, but in a very crude form) was improved and became the instrument of precision now so universally used in medicine, affording accurate measurement of temperature and data of the greatest value in the diagnosis, prognosis and treatment of disease.

The invention of the barometer led also to the study of atmospheric pressure and conditions affecting it, and, after the addition of Boyle's law of the compressibility of gases, came the study of climatology. Associated with this came also the experiments of Mayow on respiration, which led to the discovery of auscultation and the stethoscope by Laennec.

Archimedes's screw and lever have actually moved the world. All forceps, pliers and scissors are the application of the lever, and the screw is essential to innumerable surgical instruments. The introduction of the balance, a simple lever, in chemical experiments in the eighteenth century, resulted in an exactness never before reached, and quantitative analysis of today owes its scientific value to its application. It was the application of quantitative analysis that overthrew the phlogistic theory and led Lavoisier to the discovery of oxygen.

Electricity has contributed its part to the advancement of modern medicine.

Gilbert (1540-1603), discovered frictional electricity, which led to the discovery of animal magnetism, and which in turn marked an epoch in medicine. In 1789 Galvani discovered animal electricity, as we remember, by his wife calling his attention to the twitching of the leg of the frog she was dressing for dinner, when the wire from an electric machine happened to be brought in contact with it. Volta, making experiments to disprove this fact, and to show this phenomenon to be chemical instead of animal, did not disprove galvanic electricity but discovered chemical or voltaic electricity.

From using voltaic electricity, Carlisle and Nicholson (1800) discovered chemical analysis of water by the electric current, which

led Davy to apply this mode of analysis to all substances, giving an exactness not reached by Bermann with his substitution method. It was in following Davy's experiments, that Faraday discovered the intimate connection between electricity and chemical affinity, and invented the voltameter (1834).

Of the many contributions of chemistry to medicine, only a few facts need be mentioned here.

The most material general results of the study of the chemistry of gases (after the discovery of oxygen and the explosion of the phlogistic theory), were (1) that gases are to be numbered among the constituent elements of solids, which was applied with great advantage to physiology, and (2) that the compound is equal to the sum of all its constituent parts, which led to the methods of quantitative analysis, of so great moment in medical science of today.

Contemporary with Faraday, the chemist Wöhler (1838) discovered that urea, which is an organic substance in the bodies of all animals, could be made artificially, and this has resulted in the manufacture of the various organic synthetic compounds now so extensively employed for therapeutic purposes. Baron Liebig, of Darmstadt, traced the chemical changes that food undergoes in the body, showing which made fat, which muscle, etc., thus enabling us to supply the appropriate nutrition.

From the discoveries of bacteriology we have, through chemistry, a knowledge of how the poison produced by microbes affects the body, and of the means, as yet only in their infancy, for counteracting their effects and for guarding against them by inoculation and serum therapy.

From these discoveries it is also found that there is a special causative microbe in the common contagious and infectious diseases, such as typhoid and malarial fever, diphtheria, cholera and pulmonary consumption and also in all forms of surgical infection. Every discovery in bacteriology, therefore, contributes materially to the progress of medicine and surgery.

The advance of botany and the more accurate methods of study and classification of plants have influenced medicine not a little. The founding of the Natural History School of Medicine by De Candolle (1778-1841), of Genoa, and by Endlicher, of Vienna, has given additional aid to medicine, and from the impulse given by this school came the discovery of the cells of plants and of animals by Schleiden, Baumgarten and by Schwann respectively, from which has

orginated the present teaching as to the histology and pathology of cell-life and growth.

Psychology and sociology have also contributed much in recent years for the relief of many mental and social conditions affecting society.

Psychology, reaching a high degree of scientific perfection of late years, has become of very great importance to the science of medicine in determining the relation of the mind to the body and throwing new light on the obscure processes of the brain and nerves.

It is known that among the Greeks the nervous excitement connected with the worship of their many gods (numbering, in Athens alone, 3,000 at the beginning of the Christian era), and also with the dissipation connected with their bacchanalian revels, linked with ignorance and superstitious dread of the unseen, go far toward accounting for the functional nervous diseases and insanity among them, which, in the age of Pericles, took the form of suicide among the women, many hundreds committing suicide in a year. Analogous to this were the epidemics of hysteria and insanity of the middle ages throughout Italy, Germany, Holland, and the Netherlands; at Cologne there were 500 afflicted at one time; at Metz there were 1,100 dancing in the streets, and at Strasburg still more, and from these centers the excitement became contagious and spread throughout the country and villages. I have no doubt that many of the monstrosities of the dark ages are to be accounted for on the grounds of insanity, mingled with debauchery and deviltry. The ecclesiastics of the time ascribed it to demonical possession, and the laws enacted for the punishment of persons so afflicted, together with the prohibition of scientific investigation, and the silencing of medical opinion on the subject, allowed all insane manifestations to go without scientific treatment for many centuries.

It is due to the scientific spirit of the nineteenth century, that we have learned to look for the causes of insanity in the diseased condition of the body, rather than in obscure mental disturbance and supernatural influences; that mental action is always and everywhere accompanied by a process of nervous change, and that this connection between mind and body, whether in health or disease, is uniform, the study of which connection must yield valuable results in the future.

From a sociological point of view, scientists are already looking at crime as a result of the conditions of society and natural degeneracy. This last falls especially in the domain of medical science, and the

other is associated with it. The physical basis of criminality is a feature more and more recognised, and any reform, that would do effectual work in uplifting human society, must begin by bettering the conditions of *living*, in order that the conditions of *thinking* and *acting* may be improved. If trouble were taken, there is little doubt that many of the crimes of today could be traced to poverty, or disease, or both, for they are closely related. We recognise a class of hereditary criminals who have the natural impulse for crime; one man goes to the penitentiary or gallows, while another, whose mental derangement is no greater, but of a different kind, is treated for insanity. Will not civilisation make another step in the direction of treating crime in accordance with true science and truer justice than now obtains?

Already Chicago and Elmira have institutions for the correction of boy criminals. May not this be extended further? We still have work for John Howards in our prisons, and for Victor Hugos to write with master hand the story of the Jean Valjeans and Fantines of the present time.

We find that not only do sciences affect each other directly, but also indirectly. Even when there is not dependence there is analogy, which suggests likeness; and where a set of relations is discovered to exist in one of the sciences, at once research is made to find similar relations in all the sciences.

Since medical science is so composite, and from its very nature can, like a powerful magnet picking up iron filings chipped off from the other sciences, draw material from them all, and especially from those of which I have spoken, it is almost superfluous for me to emphasise the paramount importance of a thorough knowledge of all these different branches of science, in order to be able to utilise their discoveries and inventions in the prevention and treatment of disease. Moreover, from the fact that all the sciences are related and have always been seen to advance together, we have a suggestion of the necessity of a knowledge outside the limits of our own profession. The very principle of specialisation implies a knowledge of other things. We ought to know other sciences also, because of the common aim of them all—the acquisition of truth, the betterment of the conditions of humanity, and the advancement of civilisation.

THE INFLUENCE OF MEDICINE ON CIVILISATION.

Having thus briefly noticed, on the one hand, what medicine has derived from civilisation, let us now turn to consider, on the other, what medicine has contributed to civilisation.

I think it will be seen that, in proportion to the investment, civilisation has derived from no other source so great dividends as it has from medicine—both for the life and health of humanity and the economic prosperity of the nation. Not only does science civilise, as was said in the beginning, but it is equally true that civilisation reacts on science, and thus the two are mutual helpers toward that which is better and beyond. In this connection we will note first the public benefits derived from medical science in the prevention of disease, and, second, in the cure of disease—that is, preventive and curative medicine.

The first most noticeable effect of the study of the nature and the conditions affecting the propagation and spread of disease, is seen in the modification and disappearance of the epidemics of the middle ages, that swept nations and continents before them.

The most notable illustrations are: The plague, which followed the destruction of Pompeii and Herculaneum by the eruption of Mt. Vesuvius—10,000 persons dying daily. The plague of Antoninus, 166 A. D., which depopulated many cities of the Roman Empire. The Justinian plague, from 542 to 549 A.D., which devastated all Europe and Asia. The world-wide pestilence of 744 A.D. which which carried off millions of people. The black death of 1348-49, from which, in Europe alone, Hecker estimates 25,000,000 perished. The London plague of 1665 from which 100,000 people perished. The sweating sickness in England, which followed the war of the Roses in 1485 was no less fatal, and the bubonic plague of the East caused millions of deaths in the eighteenth century.

These epidemics were due, not alone to the lack of knowledge respecting the nature of the diseases, but also to the system of crowding people closely together in walled cities, which, with the narrow streets, and lack of ventilation and sewerage, and contaminated water-supply, afforded a splendid breeding-ground for the germs of disease. After a time, however, attention was directed to the relation between these conditions and the spread of disease, particularly after the great London fire in 1666, which not only destroyed the buildings, but the filth as well. And when the city was rebuilt with wide streets and better constructed houses, it was observed that the public health was very greatly improved.

The effect of one disease in exterminating another is illustrated in the case of leprosy, which had prevailed in England to a great extent for thirteen centuries, and had subsided somewhat after the famine of 1315 and 1316 and the black death of 1349, but was com-

pletely exterminated by the plague of 1665, "which three together," says Dr. Ewart, "carried off more than one-half the population of the British Isles."

From the observation that the health of the community depended upon the purity of the water-supply came the knowledge that many of our infectious diseases were in that way communicated, as in the case of typhoid fever, cholera, and the like, and the discovery that the contagious principle was due to germs resulted in our present excellent system of sanitary regulations, guarding the public against all forms of infectious diseases. The belief that the causes of many diseases were disseminated through the atmosphere led to the study of the different forms of malarial diseases found to be associated with damp or marshy lands, stagnant waters, and damp dwellings. This led to the proper drainage of these regions and to domestic sanitation, and to the discovery of the plasmodium, the germ propagated by these conditions and the cause of the affections.

The observation that diseases were communicated to man from the lower animals led to the study of glanders, anthrax, malignant pustule, chicken-cholera and hog-cholera, and, finally, to the discovery that tuberculosis in the lower animals, particularly in cows, through the milk supply, was an exceedingly frequent and dangerous method by which tuberculosis can be communicated, and has led to the present salutary measures adopted by our State Board of Health in exterminating the disease.

The importance of sanitary and antiseptic measures in the military service is illustrated by the fact that in the middle ages, and down to the time of the Crimean War, it was the rule for a greater number of soldiers to die of disease than from wounds. But, in recent years, in countries where sanitary measures have been observed, the relative fatality due to disease has been greatly diminished. The most notable exception to this is our recent Spanish-American War. Much disease in this case may be attributed to the radical change of climate and an imperfect knowledge of the disease peculiar to those regions; but by far the most potent cause was the utter disregard of sanitary measures by the War Department, which completely lost sight of the fact, that the fighting force of the army depended as much on the health of the men, as on their military equipment.

Again, the value of preventive inoculation for the control of disease is illustrated by the effect of vaccination in arresting small-pox, the first disease in which preventive inoculation was employed. In Germany in 1871, out of a population of 50,000,000, 143,000

lives were lost annually by small-pox. As a result of this great mortality, a law was enacted making vaccination compulsory in the first and tenth year of life, so that today the number of deaths has diminished to only 116 a year. During the Franco-German War, the French army, in which vaccination was not compulsory, lost 23,000 soldiers; while the German army, in which vaccination was compulsory, lost but 273 men. It seems absurd that in spite of this positive evidence, anti-vaccination associations can exist and that people can ignore its beneficial effects. In England, at the present time, the medical profession is greatly embarrassed by the enactment of Parliament interposing the "conscience clause," which practically does away with compulsory vaccination.

Not only are the achievements and discoveries of medical science of vital importance in the prevention of disease, but they are equally valuable in the cure of disease. A few years ago the list of supposedly incurable diseases was a very long one, but today the list is rapidly diminishing. Truly may it be said that the opprobrium of one decade is the glory of the next. Such affections as tetanus, hydrophobia, malignant pustule, diphtheria, myxedema, cretinism and allied diseases which were almost invariably fatal, now have a very low death-rate.

Surgery, that handmaid of medicine, has also contributed its share in benefiting the world and in relieving the ills of mankind. Three hundred years ago it was a bold surgeon who would attempt to amputate a limb or perform any important operation. The patient was stretched upon the table, writhing in agony, and the only means of arresting the hemorrhage was by searing the stump with an hot iron, until Ambrose Paré, in 1564, devised the ligature, which, however, required 100 years to become generally adopted. If the patient survived the operation, septicemia and pyemia were the almost inevitable result. Compare this with the painless, bloodless and aseptic methods of today. Operations may now be successfully performed by a tyro in surgery, that a Sir Astley Cooper, a Syme, or a Valentine Mott would have hesitated to undertake. Surgery has also entered the domain of internal medicine, and removes with impunity from those sacred precincts, the cranial, thoracic, abdominal, and pelvic cavities, diseased conditions which before were uniformly fatal. With the assistance of local anesthesia, the treatment of diseases of the eye, ear, nose, throat, and other cavities, has been revolutionised.

It is only by considering these achievements in medicine and

surgery, that we can appreciate the results of Pasteur's first studies and investigations into the cause of fermentation, which have led to such grand results; to the discovery that all infectious diseases, so far as their etiology is known, and that all wound infections or septic processes are caused by germs; to a knowledge of the habitat of germs, and of scientific methods of sanitation; to the discoveries of the toxins that prevent the propagation of germs, or render the system immune; and to the fact that the diagnosis of these diseases is no longer a matter of doubt, but can now be accurately determined by the use of the microscope.

In this connection it is safe to predict that it will be but a comparatively short time when we shall be as thoroughly familiar with the germs which are the specific cause of all contagious and infectious diseases and all forms of inflammatory affections, as we now are with those producing diphtheria, phthisis and cholera; and that the toxin or the method of the destruction of each and every one will be equally well known and as readily applied as that of diphtheria at the present time.

Pasteur's discoveries have also produced an epoch in the attitude of medical thought, as well as in medical science, by tending to do away with isms, schools and theories, and all medical philosophy not founded on demonstrable facts.

The beneficial influence of modern medical science upon civilisation is also seen in the lowered death-rate, as shown by the statistics of England (the only data that have been kept with sufficient accuracy to show any definite percentage), where the death-rate has been lowered 50 per cent. during the last century.

If the death-rate of thirty years ago had prevailed in England during the last ten years, her loss would have been greater than it has actually been by 50,000 lives annually.

The influence of medical science is shown not only in lowering the death-rate, but also in the prolongation of life. According to Justinian, in the sixth century the average length of life was thirty years; and in Geneva, in the seventeenth century, it was only twenty years, which was doubtless due to epidemics. Fifty years ago it was estimated to be thirty-eight years in Europe and America, and now it is between forty-five and fifty years.

In considering the question from an economic point of view, the practical American will ask what are the special advantages to be derived from these results? The answer is, that, besides conserving civilisation in various ways, the health and comfort of the

inhabitants are increased and the resources of the nations are correspondingly augmented.

Estimating a person's life to be worth to the community $50 annually, and supposing the average life has increased ten years, then each person has benefited the commonwealth by $500. In this country, with a population of 60,000,000 in round numbers, the annual value of the prolongation of life can be estimated to be about thirty billions of dollars. To this should be added the value of the time saved by the more rapid recovery from operations and disease. Therefore, it is readily to be seen, that the commercial value of any discovery in medicine can be estimated by simply computing the diminished death-rate resulting therefrom.

The value of such medical research, as applied to the prevention of disease in lower animals, is shown by Chamberland, the Minister of Agriculture in France, who computed that the saving to French agriculture, accruing from the use of Pasteur's vaccine in preventing anthrax among sheep and horned cattle, may be estimated at seven million francs annually.

From a purely commercial point of view, the value of sanitary and medical science is incalculable. The old system of quarantine, which formerly presented a barrier to commerce and paralysed the business of the nation, can now easily be supplanted by scientific sanitation and disinfection. It has recently been estimated that the cost of putting Havana in a sanitary condition would be $10,000,000, but that an outbreak of yellow fever in this country would damage the business interests to the extent of a $100,000,000, to say nothing of the loss of life. What investment would surpass this? Many other facts like these could be cited, to show the importance to the nation of adopting the most advanced methods of sanitation, and encouraging research by the liberal endowment of biological and experimental laboratories and scientific libraries.

Just as medical science is valuable from a commercial point of view, so it also increases the industrial forces of society. By the prevention of sickness among the laboring classes and the preservation of general health, all the industries of the country are carried on uninterruptedly, and pauperism and public charity are thus indirectly diminished. Moreover, by this uninterrupted prosperity, resulting from improved sanitary conditions, the investment of foreign capital is thereby attracted, and immigration of the most desirable class encouraged. Every other branch of the government relating to our commercial prosperity has been made a special department of govern-

mental supervision, even to the agricultural department, whereas one of the most important branches of our national existence is entirely overlooked, that relating to our national health.

The intellectual and moral conditions of a nation are also promoted by increasing the general health of its people. This is observed in the public schools, were brightness and clearness of intellect and acuteness of moral preception are the accompaniments of cleanliness and health. Squalor and disease are recognised as the parents of ignorance and crime, and every successful effort in destroying the one is a step toward decreasing the prevalence of the other. "Disease is the penalty of violated law, and medical science is ever striving to adjust the balance between the penalty and the crime."

While the advance in medicine and surgery in the last quarter of a century has been phenomenal, many problems still remain unsolved. With the broadening horizon great difficulties are constantly presenting themselves. With the increase of population, the growing complications of society, and the new conditions of human life, it is reasonable to expect that still greater difficulties will be added. While fields of inquiry will yield a great harvest of problems for the statesman, the sociologist, philosopher and the theologian to solve, the scientist, and especially the physician, will also have his share in the labor and in the reward of this harvest.

Since the sad experience of the crowding in unsanitary cities in the past will not be repeated, it still remains a fact that great cities are the natural fruit of advancing civilisation. No sooner is a country developed than at once a city, almost an empire in extent and diversity of industry, springs up as an emporium of produce and a meeting place for capital and labor.

A quarter of a century ago you could count the millionaires on your fingers. Now what is their number? In the days of our great grandsires, when every man had to get his living directly from the soil, or approximately so, wealth was accumulated only after a generation of thrift and economy; now a man becomes a millionaire in a few years and amasses a fortune by a simple exchange of papers.

How intense is the activity of our times! A man who is not fairly on the run to keep up with the activity and thought of the times will certainly be crushed under the wheels of progress, or miss the tide "which taken at its flood leads on to fortune." Men now live their three score and ten years in a short time, with the apparent satisfaction, however, that "better fifty years of Europe than a cycle of

Cathay." As a result of this intense activity and the stress of industrial competition, we see rising new forms of calamity and distress—the woes of wealth and the pains of pauperism. Luxury and poverty have each diseases peculiar to itself. The inactive has to pay doubly for his leisure, while the overworked pays tenfold for his daily bread.

The difference, from a medical point of view, between these two extremes of civilisation, are widening and increasing in a geometric ratio; and the consequent diseases which will be expected to follow must be met by the alleviating hand of science. Old diseases, we have reason to expect, will assume such different types and degrees of severity as to constitute new diseases. New species of germs may also spring into activity, causing new varieties of infectious diseases. Science, however, will be ever alive to the situation, and ever equal to the new condition. The old formidable enemy to science, in the form of ignorance and prejudice, is passing away, and with the encouragement of national patronage, and the fostering hand of wealth which is beginning to be extended, methods of research will be instituted which will solve all the difficult problems that may arise. As Spencer says: "There is no real progress until scientific knowledge becomes common knowledge and the results of science made the common heritage and privilege of all." The truth of Copernicus was not accepted until proved by Galileo and demonstrated to all mankind; so the discoveries of Pasteur were of little service until their adoption was universal. The eagerness with which the sciences are now being taught in all the colleges and universities, and their principles utilised by the public is not only an evidence of the generous interest awakened in them and a recognition of their importance to civilisation, but an indication that the sciences themselves will derive equal benefits from these investigations, and that in the future still greater and more rapid advancement will be made than during any period of the past.

A new day for medicine is now dawning, when tradition, hypothesis and imperial authority no longer hinder human progress; and speculative and metaphysical methods, that have so long mystified the intellectual world, are now disappearing before the light of more substantial reason and methods based upon the discovery and demonstration of facts and their relation to the laws of nature. This dawning day is the beginning of a new era, when utility will be the aim of all scientific investigation, and the consensus of observation and demonstration, reduced to mathematical precision, will be the criterion of belief and experience, "when the charms of empiricism,

and the perplexities of individualism, the enigmas of prognosis, and the dark mystery of those protoplasmic laborers of the economy will vanish before the bright searchlight of the *x*-ray, bacteriology and physiological chemistry."

The fields in which we may expect the greatest discoveries are in bacteriology and physiological chemistry, which together with the other sciences as most valuable allies, the clinician may utilise and adapt all the rich stores of modern knowledge to therapeutic ends, and thus become the promoter of a higher and healthier civilisation.

Medical science, having fought many battles for life and liberty in the dark valleys of the past, now stands a victor on the summit of the nineteenth century, looking forward into the twentieth, and like Hannibal of old, shouts exultingly to brave and daring followers, "Beyond the Alps lies Italy."

Memorial.

EUGENE S. FORMAN, M. D.,

Auburn, N. Y.

Born October 22, 1846; died September 13, 1898.

By A. L. HALL, M. D., Fair Haven, N. Y.

THE subject of this sketch was for many years a member of this society, and at the time of his death, one of its honored vice-presidents. He was born in Cato, N. Y. His early education was obtained in the common schools and at Falley Seminary. During the Civil War he enlisted in the 3d New York Volunteer Infantry and his experience was that of every other member of a regiment, famed in the annals of our country for its gallant and heroic achievements. At the close of the war he entered the medical department of the University of Michigan, and later the medical department of the University of Buffalo, graduating from the last named institution in 1870. He immediately entered upon the practice of his profession at Meridian, N. Y., where he remained until about fifteen years ago, when he moved to the city of Auburn.

Dr. Forman's private life was an honorable one, free from blemish, and characterised by faithfulness and integrity of purpose. His career as a physician was none the less so and his genial, courteous

1. Read at the thirty-first annual meeting of the Medical Association of Central New York, at Auburn, October 18, 1898.

manners and untiring devotion to the sick, found substantial reward in a large and lucrative practice. His friendship was marked for its loyalty and sympathy. He was ever mindful of the comfort and enjoyment of others, and his willingness to advise and assist was a striking characteristic. A man of practical ideas and unquestionable honesty, a careful unprejudiced thinker, having a wide knowledge of medico-legal matters, his services were often required in the determination of legal controversies. For twelve years he was health officer of Auburn, and under his able management, the sanitary condition of the city was notably improved. At the time of his death and for a number of years prior thereto, he was a member of the Auburn board of United States examining surgeons, and one of the visiting physicians to the Auburn City Hospital. The discharge of the duties of these positions was marked by his characteristic faithfulness and ability.

EUGENE S. FORMAN, M. D., 1846-1898.

He possessed the confidence of his medical colleagues, and in matters pertaining to the advancement and promotion of his profession, he was always an earnest and interested worker. For many years he was an active member of the Medical Society of the County of Cayuga, of which he had been president. He was a member of the American Medical Association and attended the meeting at Denver in June last. He was also one of the delegates from the county society to the State Medical Society and had served two years as such.

He is survived by his wife and two children—Dr. Andrew J. Forman, who will hereafter conduct his practice, and a daughter, Mrs. William C. Hamilton, of Pittsburg, Pa.

About six years ago Dr. Forman had cerebral hemorrhage involving the motor tract of the right leg from which he recovered, but which impaired his physical powers. For two weeks prior to his death, he had a mild form of intestinal catarrh, which was thought to be of no serious import, and in spite of which, he continued to attend to his professional work. On the evening of his death, he reduced a fracture of the forearm, which, probably seriously taxed the strength of his already weakened system. Later in the evening while proceeding, in response to a professional call, to enter his carriage accompanied by his faithful wife, suddenly and without warning, he sank to the ground and immediately expired. Death was ascribed to cardiac failure, superinduced by overexertion, occurring in an organ whose muscular structure was known to have been weakened by chronic degenerative changes. The funeral services were held from the family residence and interment was made in Fort Hill cemetery at Auburn. He left the memory of a noble character, worthy of our emulation.

Society Proceedings.

BUFFALO ACADEMY OF MEDICINE.

Reported by THOMAS F. DWYER, M. D., Secretary.

ANNUAL meeting, held at the Academy parlors, Palace Arcade, Tuesday evening, June 13, 1899.

The president, Dr. Roswell Park, called the meeting to order at 9 o'clock p. m. The minutes of the last annual meeting were read and approved. The secretary of the academy and council then presented the following report which, on motion, was received and ordered spread on the minutes.

ANNUAL REPORT OF THE SECRETARY.

To the Academy of Medicine:

During the past fiscal year fourteen applications for membership have been received and favorably acted upon, of which thirteen were resident fellows and one non-resident fellow. Two resignations have been received and accepted and two members have been dropped for non-payment of dues. The academy has been very fortunate in

that its membership has not been decreased by death since the last annual meeting.

Article XIII., section 3, of the by-laws was amended to read: "Any fellow failing to pay his dues for two years shall forfeit his membership."

The plan of preparing a program during the summer for the entire session was so successful last year that it was repeated for the session of 1898-99 by vote of the council and a copy sent to the members of the academy.

Two special meetings were called during the year. The first on July 11, 1898, to listen to a paper upon The production of diastase and of an alcoholic ferment from fungi, by Dr. Jokichi Takamine, formerly of Tokyo University, Tokyo, Japan. The other was called on May 25, 1899, for the purpose of taking proper steps to secure the meeting of the American Medical Association in Buffalo, in June, 1901 (Pan-American year).

Resolutions were adopted extending a hearty invitation to the American Medical Association to hold its meeting here in June, 1901, and a committee of seven was appointed to represent the academy at the meeting of the Association at Columbus.

Four regular meetings were held and entertained in turn by the sections of the academy: Section on obstetrics and gynecology, June 28, 1898, Discussion and diagnosis of suppurative forms of intrapelvic disease and surgical management, Dr. Joseph Price, Philadelphia, Pa. Section on Medicine, September 13, 1898, Chronic joint affections, commonly called rheumatism, Dr. Charles G. Stockton; Rheumatism of childhood, Dr. Benjamin G. Long. Section on surgery, December 6, 1898, Curability of cancer, Dr. N. Jacobson, professor of clinical surgery University of Syracuse; Colles's fracture, Dr. Edward M. Dodley. Section on pathology, March 21, 1899, Tuberculous infections in the walls of the blood-vessels and the production of miliary tuberculosis, Dr. H. R. Gaylord.

The meetings of the academy have been fairly well attended during the past year. At the June meeting 56 were present; September meeting, 41; December meeting, 49, and the March meeting, 36, an average attendance of 45½. The average time occupied by each meeting was one hour and forty-five minutes. The council of the academy held six meetings, with an average attendance of nine members. Respectfully submitted.

THOMAS F. DWYER, Secretary.

Inasmuch as no report was received from the treasurer, the president announced that the annual report would be requested for the quarterly meeting, June 27, 1899, and then referred to an auditing committee.

Reports were received from the secretaries of the sections on medicine, surgery, obstetrics and pathology, and on motion were received and ordered filed.

Dr. DeLancey Rochester, on behalf of the tellers, reported the result of the election as follows: President, Dr. Matthew D. Mann; secretary, Dr. Thomas F. Dwyer; treasurer, Dr. Eugene A. Smith; trustee, Dr. Stephen Y. Howell.

An announcement was read from Dr. Eli H. Long, chairman of the section on medicine, that at the quarterly meeting of the academy in September a paper would be read by Dr. D. R. Brown, of Chicago, Ill., on The medical aspect of crime.

The retiring president, Dr. Roswell Park, then read his annual address, the subject of which was History of organo-therapy.

Dr. Park also thanked the officers and members of the academy for their very able assistance during the past year.

The installation of officers being in order, Dr. Matthew D. Mann, the newly elected president, was escorted to the chair and presented to the academy by Dr. Park. Dr. Mann thanked the members of the academy for this confidence in electing him to this high office. He realised that the standard was very high during the administration of his predecessor, but he hoped that this year we would reach an even higher one, as the academy should advance from year to year. Some arrangements should be made, he said, to publish the proceedings in the BUFFALO MEDICAL JOURNAL, as this would increase the interest in the academy and would greatly extend its usefulness. He also stated that the medical faculty of the University of Buffalo had directed him to tender to the academy the use of the alumni hall, including the stereopticon, for the meetings of the academy, free of expense.

It was moved and seconded that the matter of change of meeting-place be referred to the council and that they be requested to report, if possible, at the next quarterly meeting, and that notice be sent to the members when action would be taken by the academy. Carried.

Dr. J. W. GROSVENOR moved that a vote of thanks be tendered the retiring officers for their efficient work of the past year. Carried.

Attendance, 40. Adjourned at 10.10 p m.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.

SEMI-ANNUAL MEETING.

REPORTED BY F. C. GRAM, M. D., Secretary.

THE Medical Society of the County of Erie held its semi-annual meeting, June 13, 1899, at 10 a. m., in the parlors of the Buffalo Academy of Medicine.

The president, Dr. J. B. COAKLEY, took the chair at the appointed hour. The minutes of the annual meeting were read and approved.

Dr. WILLIAM WARREN POTTER, chairman of the Committee on membership, presented the names of the following applicants as having qualified in accordance with the by-laws, and moved that they be admitted to the society: H. B. Brownell, Edward J. Kiepe, William B. May, Nelson W. Wilson, Montressor Axford, H. R. Gaylord, Charles A. Brownell and Charles F. Durand.

The report was adopted and the applicants elected to membership.

Applications for membership were received from Dr. W. J. Dean, James W. Nash and Ernest N. Ewell.

Referred to the committee on membership. The vice-president, Dr. E. H. Ballou was called to the chair and Dr. Coakley read the semi-annual report of the Board of Censors as follows:

To the Medical Society of the County of Erie:

The board of censors respectfully reports: That during the year since the last annual meeting of this society, it has endeavored to perform its duties in discovering and bringing to punishment all persons who unlawfully practice medicine or surgery in this county. All complaints concerning such practices have been carefully investigated, not only by the members of this board but also in some instances by detectives employed for that purpose, under the advice of our legal counsel, Hon. Tracy C. Becker. In one case of a flagrant character, that of Stephen T. Lee, who has for some years been administering medicine to many persons in this city for hire for cancer and other diseases, without being duly licensed as a physician, we believe that we have obtained sufficient evidence and a complaint has recently been presented to the police justice, and the defendant arrested. His case will be heard today (June 13th) before the Police Court. It is believed that said Lee, whose ordinary occupation is that of day laborer on the docks, has accumulated property of a considerable amount in value by his illegal practice, and if warranted by the evidence we have secured, and we are so advised by our counsel, we shall, besides prosecuting him criminally, institute a suit against him in the Supreme Court, to recover numerous penalties of $250 for each offense under the provisions of the law of 1896.

ROLFE SAUNDERS'S DEATH.

Within the past few weeks a case of more than ordinary importance has come before the United States Court, growing out of the death of a child named Rolfe Saunders, at Fort Porter, in this city, who, it is claimed, died of double pneumonia, under the care of one George H. Kinter, a so-called christian scientist healer, who had been called in to cure this child by its father, James C. Saunders. The

post mortem examiners' report of the autopsy performed by them in this case indicated so clearly that the disease had existed for some days, and could have been discovered by the usual methods of examination and diagnosis if the child had been attended by a duly licensed physician of ordinary skill, that the District Attorney, Hon. Emery P. Close, deemed it his duty to cause the arrest of the father and mother of the child and of the alleged healer Kinter, on the charge of manslaughter; the United States authorities and not the state authorities, having exclusive jurisdiction of this charge, because the death occurred on United States Government Reservation. After a considerable amount of testimony had been given on these charges before Hon. Charles E. Robinson, United States Commissioner, this board, after consulting many members of this society, deemed it advisable that our counsel should be invited to assist the United States District Attorney in prosecuting the medico-legal aspects of the matter.

ASSISTED MR. CLOSE.

The United States Attorney cheerfully and courteously consented that this should be done, and our counsel has given him valuable assistance in prosecuting the case, which on Monday, June 12th, resulted in the healer Kinter and the father Saunders being held by the United States Commissioners in $2,000 bail each, to answer the charge of manslaughter at the next term of the United States District Court of the Northern District of New York, which will be held in this city in September next.

It would not be proper for us to discuss the facts disclosed by the evidence in this matter, but in the opinion of your board the charges against this man should be prosecuted vigorously and to the full extent of the law.

TRACY C. BECKER TO ASSIST.

While the zeal and ability of the United States District Attorney are fully recognised, the medico-legal features of this case are such that we feel sure that he will welcome in the future, as he has in the past, the aid of our counsel, who has long made special study of these subjects. We, therefore, suggest that this society should adopt a resolution requesting the United States Government to assign our counsel, Tracy C. Becker, as special counsel to assist in prosecuting this case in order that he may have official standing and recognition before the United States District Court.

We further report that, following the course pursued by the Medical Society of New York County, we have, with the assistance of our counsel, caused a list of all the duly licensed and registered physicians appearing on the records of the county's clerk's office to be prepared and compared with the names of the physicians of this city as they appear in the Buffalo City Directory for 1898.

PHYSICIANS MUST REGISTER.

We have also prepared and sent by mail to sixty-six persons whose names appear in the Directory of 1898 as physicians, but do

not appear on the records of the county clerk's office to be duly registered as such, a circular letter, a copy of which we attach to the report. To this circular letter we have received about thirty replies. We are still engaged in pursuing our investigations along these lines, and when the new city directory is issued, the latter part of this month, it may be necessary to send out new circular letters to other persons who by accident or design have not been registered as required by law. We respectfully ask that our action in all these matters be approved, and that the same amount of money as was allowed last year be appropriated this year for the purpose of compensating our counsel and of defraying the necessary disbursements to be received by the new board of censors in the performance of its duties.

COPY OF CIRCULAR.

Dear Sir—The Board of Censors of the Erie County Medical Society, by direction of that society, has been endeavoring to suppress the illegal practice of medicine in this county. It is the duty and intention of the board to prosecute all persons who are practising medicine and surgery who have not been duly licensed and registered, as required by Chapter 661 of the Laws of 1893, and the other statutes of this state. All lawful practitioners will approve this action and assist us by all means in their power. The board has caused a list to be prepared of all persons practising in this county, and particularly in the city of Buffalo, who have been duly registered in the county clerk's office, as required by law. On comparing this list with the directory of the city of Buffalo we find that your name appears in the directory as a physician, while it does not appear on the records of the county clerk's office as being duly registered there.

Will you kindly call upon, or otherwise inform the undersigned chairman of the board, whether this is correct or not, and if by mistake or inadvertence your license to practise is not registered, you should have it registered at once and notify the undersigned that you have registered it? Yours, etc.

Respectfully submitted,

J. B. COAKLEY, *Chairman.*
THOS. F. DWYER,
IRVING W. POTTER,
CHAS. E. CONGDON,
ALBERT FRONCZAK.

On motion the report was received and filed.

Dr. WILLIAM WARREN POTTER presented the following resolution, which was adopted:

Resolved, That the secretary of the Medical Society of the County of Erie be, and he is hereby directed to address the proper officer of the general government requesting that, if agreeable to the practice, an invitation be extended to the Hon. Tracy C. Becker, counsel for this society, to attend at any further proceeding, hearing or trial relating to the recently deceased child, Rolfe Saunders, for the causing of, or contributing to, which George H. Kinter, a so-called christian scientist, has been held in bail to appear before the United States grand jury.

On motion of Dr. ELI H. LONG the treasurer was empowered to disburse a reasonable sum of money for the employment of detectives to assist in the prosecution of illegal practitioners.

Dr. WILLIAM WARREN POTTER stated that the treasurer, Dr. Edward Clark, had prepared a list of members who are in arrears of dues for three years or more. He moved that the treasurer read the list and that they be suspended from the privileges of membership until payment, in accordance with the by-laws.

The motion was unanimously adopted and the treasurer read the names as coming within this provision.

Dr. ELI H. LONG called attention to the fact that several members of the society advertise their practice in violation of the by-laws.

Dr. Coakley asked Dr. Long to submit the cases in writing and the Board of Censors would take cognisance.

Papers were read as follows: Eclampsia infantum, Dr. Thomas F. Dwyer; A study of the pathogenesis of gout, Dr. Mary Clayton; The importance of early diagnosis and surgical intervention in fractures of the skull, Dr. Marshall Clinton; Malaria complicating the puerperium, Dr. G. A. Himmelsbach; A protest, Dr. J. J. Finnerty; Prophylaxis in obstetrics, Dr. L. Schroeter. (These papers are to appear in a future number of the JOURNAL.)

Discussion followed the reading of these papers, and after passing a vote of thanks to the contributors the society adjourned.

SPECIAL MEETING.—ERIE COUNTY MEDICAL SOCIETY.

REPORTED BY F. C. GRAM, M. D., Secretary.

THE Medical Society of the County of Erie was called together at 5 p. m., June 20, 1899, by Dr. J. B. Coakley, president, who announced the death of Dr. W. C. Earl, and asked the society to take appropriate action.

On motion a committee consisting of Drs. Sage, Wyckoff and Hopkins was appointed to draft a suitable memorial. The committee presented the following:

Forasmuch as it hath pleased Almighty God, in His wise providence, to take out of this world the soul of Wesley Clark Earl, M. D., for a quarter of a century an honorable and honored member of the Medical Society of the County of Erie, we therefore bear willing testimony and make record of our hearty appreciation of his many excellent qualities of mind and person, of his modest, upright and worthy professional career, of his high character as a member of the family, of the state and of the profession of medicine, to which he gave his life; therefore

Resolved, That we place upon our records and transmit to the family of the deceased this tribute and testimony; and

Resolved, That we tender to the bereaved family our sincere sympathy and condolences, and that we attend the funeral.

C. A. SAGE,
C. C. WYCKOFF,
H. R. HOPKINS.

Remarks were made by members present. Dr. D. W. Harrington was intimately acquainted with Dr. Earl during his entire practice. Dr. Grosvenor said he was a former pupil of the deceased, and knew him as a tutor, medical student and practitioner. He was conscientious professionally, socially and in business. Dr. T. M. Johnson, likewise an old friend, spoke of the deceased's good qualities. Dr. Sage said he was the first medical student whom Dr. Earl instructed. He was a good physician and surgeon and respected his calling with honor. Dr. Hopkins said that owing to the quiet and retired manner of the deceased his true worth did not always become apparent. He also spoke of his final illness. Dr. Wyckoff said that Dr. Earl always exemplified the Golden Rule.

The memorial was then adopted and the society adjourned.

Progress in Medical Science.

PEDIATRICS.

REPORTED BY MAUD J. FRYE, M. D.,
Clinical instructor in diseases of children, Medical Department, University of Buffalo.

NEPHRITIS COMPLICATING GASTRO-ENTERITIS OF INFANTS.

KOPLIK (*Med. Record*, April 1, 1899,) discusses the symptomatology, prognosis and treatment of nephritis, complicating acute or subacute gastro-enteritis. He finds nephritis in these cases much more common than ordinarily supposed. In a gastro-enteritis, in which the kidney is only slightly involved, nothing may be found but a slight albuminuria. In the severer forms the patient is restless, the intervals of restlessness being relieved by periods of a sort of stupor, the so-called hydroencephaloid of the older authors. Constant vomiting not relieved by gastric lavage, he regards as often a manifestation of uremia. In marked nephritic infection a form of edema of the skin and subcutaneous tissues is present. In this

edema, which disappears as the patient improves, the tissues of the inner side of the thigh, the anterior part of the leg, and the dorsum of the foot are swollen and pit on deep pressure.

The urine in mild cases shows on careful examination a trace of albumin. In severe cases there is more or less complete suppression. A catheter withdraws but a small amount, which deposits urates of ammonium and shows microscopically casts, leucocytes, blood and renal epithelium. The albumin is less in amount than one would find in a similar condition in the adult. The nephritis may appear early or late. Its severity is not dependent on the severity of the primary disorder. The prognosis is good with proper treatment.

Treatment.—This is in reality the treatment of all severe forms of gastro-enteritis. Opium in any form, mercury, coal-tar products, designed to disinfect the gastro-intestinal tract, only tend to deepen the toxemia, and by irritating the kidney intensify the functional disturbance in that organ. A full and free supply of water through all possible channels is one of the greatest means of placing these cases on a convalescent basis. Stomach washings and rectal irrigations should be daily employed. For the latter use sterilised water, 1000, sodium chloride 4, sodium carbonate 3; T. 38°--40°C. For rectal irrigation use an adult size stiff rubber tube. Undress the child completely, wrap in a banket and raise the buttocks high. Use a quart or more of the solution and manage to leave considerable in the gut. In very severe cases use 200 c.c. or more of normal salt solution, sterilised, under the skin of the abdomen daily. The only stomach medication to be employed is bismuth. Stop milk, whether a nursling or bottle-fed baby, and give the child albumin water, or beef juice mixed with sterilised barley water. Acorn cocoa is useful. Warm baths with massage in the bath are useful. Strychinin, hypodermatically, may be cautiously employed when need arises.

TREATMENT OF DYSENTERY.

DR. CHRISTOPHER C. CRONKHITE (*Med. Review*, May 20, 1899,) gives an account of an epidemic of dysentery in which he had an opportunity of treating twenty-three cases. Owing to the bad hygienic conditions prevailing it was found very difficult to successfully combat the disease. The treatment consisted chiefly in the administration of tannigen, in doses of 5 to 10 gr., every three or four hours, according to the age, in connection with the necessary dietetic regulations. In some cases its use was preceded by small doses of calomel, given for the purpose of cleansing the alimentary tract. Under this treatment the fatality in twenty-three cases was only two, and these, the author believes, would have recovered with careful and intelligent nursing. On the ground of two years' observation, he states that in diarrhea, tannigen is his first and last remedy, that it will cure the large majority of cases, and that it can be used with absolute confidence in its powerful curative properties in dysentery and diarrhea.

BUFFALO MEDICAL JOURNAL.

Monthly Review of Medicine and Surgery.

EDITORS:

THOMAS LOTHROP, M. D. - WM. WARREN POTTER, M. D.

All communications, whether of a literary or business nature, should be addressed to the managing editor: 284 FRANKLIN STREET, BUFFALO, N. Y.

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THE COLUMBUS MEETINGS.

THE month of June always witnesses the culmination of the spring medical meetings whenever the American Medical Association pitches its annual meeting north of Mason and Dixon's line. This year Columbus was fixed upon as the place, and the first week in June as the time.

AMERICAN ACADEMY OF MEDICINE.

As a matter of course a number of other medical organisations always hold meetings in conjunction with the parent society, the most prominent of which is the American Academy of Medicine. The membership in this body is made up of those physicians who also hold academic degrees or their equivalents and its special province is to discuss questions pertaining to medical sociologics. A splendid program was made up by the secretary, Dr. Charles McIntire, of Easton, and the meeting has been designated as one of the most successful in the history of the Academy.

Officers were elected as follows: President, G. Hudson Wakuen, of Philadelphia; vice-presidents, C. G. Plummer, of Salt Lake City; A. Goldspohn, of Chicago; Edwin F. Wilson, of Columbus, and A. L. Benedict, of Buffalo; secretary and treasurer, Charles McIntire, of Easton, Pa; assistant secretary, W. L. Pyle, of Philadelphia.

AMERICAN MEDICAL ASSOCIATION.

The fiftieth annual meeting of the American Medical Association convened at the Columbus Opera House, Tuesday, June 6, 1899, under the presidency of Professor Joseph McDowell Mathews, M. D., LL. D., of Louisville, Ky. The proceedings were promptly

opened at 10 o'clock with prayer by the Rev. Washington Gladding, D. D. Governor Bushnell followed with a model address of welcome and the mayor of Columbus also made a short speech of a like nature, after which the president proceeded to deliver his annual address. This paper was a model of propriety and deserves to be generally read by the medical profession as well as by such of the laity as have sympathy with medical affairs. Dr. Mathews very properly omitted from his message abstract questions of science, leaving this work to the orators whom the association appoints especially for that purpose and proceeded to deal first with questions of administration, and, second, with matters of public health.

The most important administrative change suggested by the president—namely, that the editor should also be chosen as the secretary of the association was adopted almost without dissent, thus placing the association on a better administrative basis than ever before.

The president's suggestions as to consumption and syphilis were so eminently wise and proper as to receive the universal approbation of the house, which broke forth in a storm of applause as he finished each paragraph.

Dr. Mathews deserves to be congratulated by every American physician, not only upon his most appropriate address, but upon his superb administration from beginning to end. Not within our recollection, and this dates to a somewhat early period in the history of the association, have its affairs been managed so prudently and with such masterful skill and good sense as at Columbus.

The principal sections were very largely attended and the programs were quite full and complete; but the intense heat that prevailed prevented the thorough application to many important subjects that their significance deserved. The section dinners were, generally speaking, dull, if not stupid, and had better be abandoned.

Columbus is a most hospitable city and we have nothing but praise for the manner in which it entertained the association. Public and private hospitalities were lavish and the physicians of Columbus, as well as a large number of the laity, including Ohio's progressive and large-hearted governor, are entitled to the highest commendation for the manner in which the convention was cared for. We wish we could speak in equal terms of approval in regard to the hotels. With the exception of the Chittenden they are not up to the standard one might expect in the capital city of one of our greatest commonwealths. The Great Southern utterly failed to meet such expectations as its pretentious appearance would seem to invite.

We think it is a mistake, in view of the ponderous nature of the meetings of this association, for any city with less than a quarter million of population to undertake its entertainment. On some accounts it would seem that the president's suggestion to locate the association permanently at Washington would be an improvement, but we doubt if the proposition will command the support of a majority for some years. Ultimately we have little doubt that it will prevail.

The exhibits at this meeting were unusually good and the building in which they were held, especially constructed from an appropriate architectural design, was admirably adapted for the purpose. Dr. N. R. Coleman, chairman of the committee on exhibits, deserves great credit for his administration of this department, as well as for much other work of an executive character pertaining to the meeting.

The rotunda of the capitol afforded an admirable registration room and all the section halls were conveniently located to the central administrative department.

By and large the Columbus meeting may be pronounced a conspicuous success from almost every viewpoint and it will require great activity and skilful administration in the future to excel it.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

The ninth annual meeting of this body was held in the senate chamber at Columbus, Monday, June 5, 1899. The president, Dr William Warren Potter, of Buffalo, took the chair at 10.30 a. m. and immediately thereafter Governor Asa S. Bushnell delivered an admirable address of welcome on the part of the State of Ohio. He was followed by Dr. Charles A. L. Reed, of Cincinnati, who performed a like office for the medical profession. These addresses were most ably and eloquently responded to by Dr. Joseph M. Mathews of the executive council, president of American Medical Association. In the course of his response Dr. Mathews said that Kentucky after having gotten rid of all other forms of quackery was now turning its attention to the so-called osteopathists, affirming it would not be long before this latest and worst form of medical chicane was cleared from the confines of the blue grass state.

Dr. N. R. Coleman, of the committee on minimum standards of requirement presented his report, which, in the main, favored the establishment of a high school diploma, or its equivalent, as the necessary prerequisite for admission to the study of medicine. The

report specified in detail what the high school standard should mean and was the subject of considerable debate. Finally, it was adopted and made a recommendation to the medical colleges of the United States.

Papers were read by Dr. T. J. Happel, of Tennessee, and Dr. B. F. Crummer, of Omaha. A number of others were presented by title.

The following officers were elected for the ensuing year: President, Dr. J. M. McCormack, secretary of the Kentucky State Board of Health; first vice-president, Dr. N. R. Coleman, of Columbus, president of the Ohio State Board of Registration and Examination; second vice-president, Dr. B. F. Crumner, of Omaha; secretary-treasurer, Dr. A. Walter Suiter, of Herkimer. It was decided to meet next year at Atlantic City, N. J., on Monday preceding the meeting of the American Medical Association.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

This association held its annual session in the hall of the house of representatives at Columbus, June 5th, with a large number of delegates and attendance.

Dr. D. M. Hodgson, of Chicago, read a paper on The requirements of the medical curriculum, which provoked considerable discussion. Prof. Hughes, of St. Louis, thought too much technical details should not be offered to the student of general medicine.

Prof. Reynolds, of Louisville, thought the instruction of the medical student should be conducted by trained experts in each subject taught, and that the lecturers should all be specialists in their several departments.

Dr. G. C. Savage, of Nashville, by invitation delivered an address on the condition of medical education under the regulations of the southern College Association. He pointed out the steps which had been taken to bring about the present announcements of the several colleges holding membership in the Southern Association to adopt the standards of the national body, and predicted that all the southern colleges would be in the National Association before 1903. The president delivered a brief, practical address.

About twenty colleges were admitted to membership and the application of some four or more were rejected. Among those admitted was the Medical Department of the University of Buffalo. The association decided that no college can confer the degree of doctor of medicine *ad eundem*, which action is to be commended. The abuses likely to grow up under this privilege are many.

RESUSCITATION OF THE APPARENTLY DROWNED.

THE season has arrived when accidents by drowning are likely to be common—all too common. It is important, therefore, that all persons likely to witness such accidents should be intelligently informed with regard to the proper measures to be employed for the resuscitation of those who are apparently drowned.

The Michigan State Board of Health has recently published and sent out a circular containing a few well-digested and simple rules on the subject, that are illustrated with wood-cuts, which make the text clear to every person of ordinary intelligence. We think the subject of sufficient importance to reprint the rules and hereby acknowledge our indebtness to Dr. Henry B. Baker, of Lansing, Mich., secretary of the Michigan State Board of Health, for the courteous loan of the cuts. The substance of the circular is as follows:

☞ Rule 1.—Remove all obstructions to breathing. Instantly loosen or cut apart all neck and waist bands; turn the patient on his face, with the head down hill; stand astride the hips with your face toward his head, and, locking your fingers together under his belly, raise the body as high as you can without lifting the forehead off the ground (Fig. 1), and give the body a smart jerk to remove mucus from the throat and water from the windpipe; hold the body suspended long enough to slowly count one, two, three, four, five, repeating the jerk more gently two or three times. Then act by Rule 2.

Fig 1.

RULE 2.—Keep the patient face downward and maintaining all the while your position astride the body, grasp the points of the shoulders by the clothing, or, if the body is naked, thrust your fingers into the armpits, clasping your thumbs over the points of the shoulders, and raise the chest as high as you can (Fig. 2) without lifting the head quite off the ground, and hold it long enough to slowly count one, two, three. Replace him on the ground with his forehead on his flexed arm, the neck straightened out, and the mouth and nose free. Place your elbows against your knees and your hands upon the sides of his chest (Fig. 3) over the lower ribs and press downward and

inward with increasing force long enough to slowly count one, two. Then suddenly let go, grasp the shoulders as before and raise the chest (Fig. 2); then press upon the ribs, etc. (Fig. 3). These alternate movements should be repeated ten to fifteen times a minute for an hour at least, unless breathing is restored sooner. Use the same regularity as in natural breathing.

Fig. 2

Do not give up too soon. You are working for life. Any time within two hours you may be on the very threshold of success without there being any sign of it.

RULE 3.—After breathing has commenced, restore the animal heat. Wrap him in warm blankets, apply bottles of hot water, hot bricks, or anything to restore heat. Warm the head nearly as fast as the body, lest convulsions come on. Rubbing the body with warm cloths or the hand, and slapping the fleshy parts may assist to restore warmth, the circulation of the blood, and the breathing also. The rubbing of the limbs should always be from the extremities toward the body. If the patient can surely swallow, give hot coffee, tea, milk, or a little hot sling. Give spirits sparingly, lest they produce depression. Place the patient in a warm bed, and give him plenty of fresh air; keep him quiet.

Avoid delay. A moment may turn the scale for life or death. Dry ground, shelter, warmth, stimulants, etc., at this moment are nothing — artificial breathing is everything — is the one remedy — all others are secondary.

Fig. 3.

Do not stop to remove wet clothing. Precious time is wasted, and the patient may be fatally chilled by exposure of the naked body, even in summer. Give all your attention and effort to restore breathing by forcing air into, and out of, the lungs. If the breathing has just ceased, a smart slap on the face, or a

vigorous twist of the hair will sometimes start it again, and may be tried incidentally, as may also, pressing the finger upon the root of the tongue.

Before natural breathing is fully restored do not let the patient lie on his back unless some person holds the tongue forward. The tongue by falling back may close the windpipe and cause fatal choking.

If several persons are present, one may hold the head steady, keeping the neck nearly straight; others may remove wet clothing, replacing at once clothing which is dry and warm; they may also chafe the limbs, rubbing toward the body, and thus promote the circulation.

Prevent friends from crowding around the patient and excluding fresh air; also from trying to give stimulants before the patient can swallow. The first causes suffocation; the second, fatal choking.

In suffocation by smoke or any poisonous gas, as also by hanging —proceed the same as for drowning, omitting effort to expel water and the like from wind-pipe. In suspended breathing from effects of chloroform, hydrate of chloral, electric shock, and the like, proceed by Rule 2, taking especial pains to keep the head very low, and preventing closure of the windpipe by the tongue falling back.

PERSONAL.

DR. HORACE M. PAINE, of Albany, one of the most prominent homeopathic physicians in the country, was recently tendered a complimentary dinner at the Fort Schuyler Club, Utica, N.Y., by a number of his professional confréres, the occasion being the fiftieth anniversary of his graduation in medicine.

DR. NELSON W. WILSON has resigned from the medical department of the United States Army after a period of nine months' service as assistant surgeon at Fort Porter, and has resumed private practice. He is associated with Dr. W. H. Heath at the latter's office, No. 131 Franklin street.

DR. MAX C. BREUER, of Buffalo, sailed for Europe on June 1, 1899, to spend three or four months in the hospitals of Breslau University. He was accompanied by Mrs. Breuer. Dr. Breuer will return and take up his professional work in this city early in the autumn.

DR. M. ALLEN STARR, of New York, received the degree of LL. D. from Princeton University at its last commencement.

DR. NELSON G. RICHMOND, of Fredonia, recently took passage for Europe by the Hamburg-American line, where he will spend the summer in study and recreation.

DR. AND MRS. FRANK W. ABBOTT and Frank W. Abbott, Jr., have arrived in England. They sailed from Boston on the New England, May 31, 1899.

DR. F. PARK LEWIS sailed on June 21, 1899, on the Fuerst Bismarck, with Dr. Knapp, of New York, for Hamburg. They will be absent until September.

DR. ALVIN A. HUBBELL will sail for Europe July 19th, and during his sojourn there will attend the International Otological Congress, at London, August 8–11th, and the International Ophthalmological Congress, at Utrecht, Holland, August 14-18th. He will return early in September.

OBITUARY.

LAWSON TAIT, of Birmingham, Eng., Fellow of the Royal College of Surgeons, Edin., died suddenly at his country residence, Llandudno, Wales, June 13, 1899, aged 54 years. He was born in Edinburgh, May 1, 1845, and was educated at the University of Edinburgh, becoming a licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh in 1866. He received the degree of LL. D. and M. D. (honoris causa) from Union University and Albany Medical College. He was an honorary Fellow of the American Association of Obstetricians and Gynecologists and a Fellow of many English societies. From 1867 to 1870 he was house surgeon to Wakefield hospital and in 1871, having transferred his residence to Birmingham he became surgeon to the Birmingham hospital for women. For ten years—namely, from 1875 to 1885, he was a member of the Birmingham Town Council and was a coadjutor of Joseph Chamberlain in establishing municipal and sanitary improvements inaugurated by the latter. He was professor of gynecology at Queen's College and for some years was president of that institution.

Mr. Tait developed early in his career a penchant for surgery, and while yet a young man, through his association with Thomas Keith, then of Edinburgh, he turned his attention to the practice of gynecology. Very soon his surgical dexterity was recognised and his marvelous success in abdominal surgery made him famous throughout the world. His published results attracted great attention, but the record of success was so phenomenal that their truthfulness was challenged. Mr Tait, however, was able in every instance to meet

his critics with a carefully preserved record of the name, residence of the patient, date and place of operation and other data so minutely described as to overwhelm his opponents, who were often prompted to adverse criticism by mere jealousy.

LAWSON TAIT, F. R. C. S. EDIN., 1845–1899.

Mr. Tait's technic was so simple, his work so rapid and his recoveries so prompt that his clientèle soon became very large. He early discarded clamps and other instrumental methods in the management of the ovarian pedicle, substituting therefor a small ligature

neatly tied and dropped into the abdomen. This method was criticised most severely, but it proved so successful that other operators soon began to adopt it. We merely mention this as one of the novel methods introduced by Mr. Tait—a number of which were original with him—all tending to simplicity and most of which have been adopted by other operators.

His clinics at Birmingham, both public and private, soon became thronged with medical visitors from all parts of the world, but especially from the United States, who were anxious to see the man and learn the secret of his success; and "7, The Crescent," became the Mecca of the pilgrims who would learn the methods of the new school of abdominal surgery. They fain would sit at the feet of the master and, we are sorry to add, that we fear in some instances they did him sad justice on their return to their native country.

Mr. Tait's career, although comparatively a short one, was full of absorbing interest and remarkable achievement, not the least of which was to attain a world-wide reputation in a provincial city, for he commanded a clientèle at one time beyond that of any metropolitan surgeon. He was a voluminous writer, a strong debater, and was able to maintain his own position with tongue or pen, even at the risk sometimes of using caustic, if not questionable, rhetoric. But for this he can be forgiven as the provocation was many times extreme.

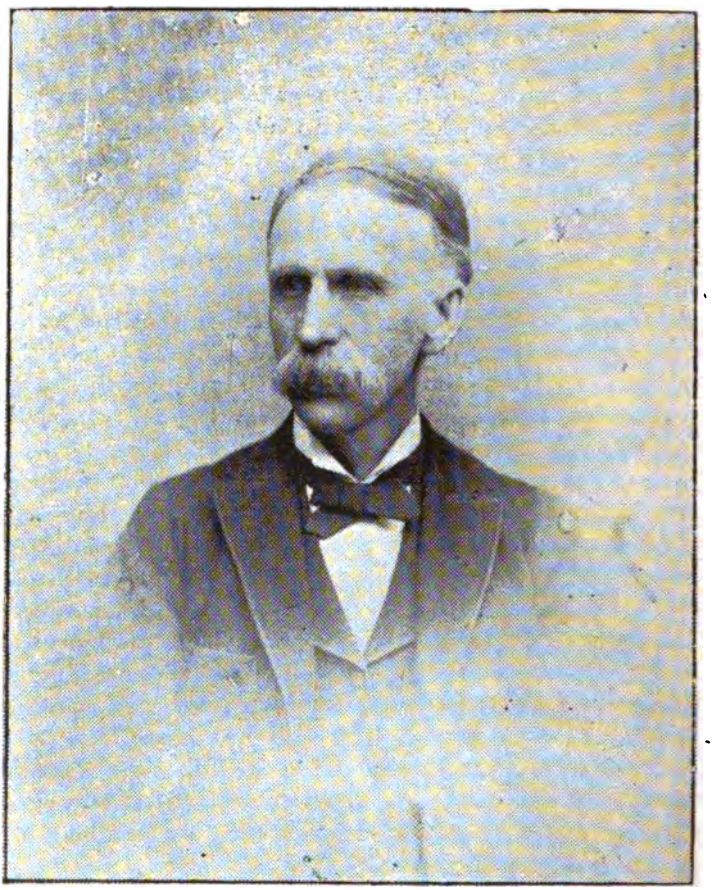
Mr. Tait had many peculiarities, but the only serious blot upon his memory is that he should have become, in a certain sense, the medical champion of the antivivisectionists. All through his stormy career he was sustained by an accomplished and devoted wife, who, in her early widowhood, will receive the sympathy of a magnanimous profession.

Mr. Tait's loss to the surgical world is distinctively a great one and a thousand years hence his name will be quoted as among those, who, during the nineteenth century contributed something to the advancement of medical science.

The portrait we publish is from a photograph taken in 1887, which was an excellent likeness of him at the time.

DR. WESLEY CLARK EARL, of Buffalo, died at his residence, 147 Lafayette avenue, early Monday morning, June 19, 1899, aged 64 years. He was born January 13, 1835, at Mount Holly, Rutland County, Vermont, where he passed a portion of his early life. He began the study of medicine with Dr. M. S. Kittinger, of Lockport, entered the University of Buffalo and graduated from

Bellevue Hospital Medical College in 1864. Soon after graduation he was appointed acting assistant surgeon in the United States Army during the civil war and was first assigned to duty at Fort Schuyler. At a later period his assignment was changed to Elmira,



By courtesy of the Buffalo Evening News.

WESLEY CLARK EARL, M. D., 1835–1899.

N. Y., where he served in caring for confederate prisoners under Dr. William C. Wey, who was surgeon in charge.

After the war Dr. Earl located at Pekin, Niagara County, New York, where he conducted the practice of medicine for nine years. He removed to Buffalo in 1874, and here continued in practice until his death.

Dr. Earl was a representative of the best type of that somewhat underestimated, if not forgotten, element in the profession of medicine known as the family doctor. He was kind, faithful, skilful and upright. He acquired a large following in that section of the city where he was located and his numerous families were very much attached to him.

Dr. Earl for many years was a trustee of the Riverside Methodist Church. He was a member of Occidental Lodge, F. & A. M., a member of the Avonian Society and the Royal Templars of Temperance. He was also an examining physician for the A. O. U. W. and a member of the Society of Vermonters. A widow and one child, Mrs. Thomas M. Heard, Jr., survive him.

The funeral services were held at the Riverside M. E. Church and were numerously attended by his friends and acquaintances. The honorary bearers were Drs. S. S. Green, Henry R. Hopkins, A. A. Hubbell, S. W. Wetmore, and C. C. Wyckoff of Buffalo, and Dr. M. S. Kittinger, of Lockport. The active bearers were Hon. Henry W. Hill, Capt. M. M. Drake, Dr. John C. Thompson, Dr. Benjamin Lothrop, A. C. Abrams and M. A. Root. The burial was at Forest Lawn.

Dr. James M. Showerman, of Batavia, died at his residence in that village May 25, 1899, aged 59 years.

SOCIETY MEETINGS.

The American Medical Association during its recent meeting at Columbus elected officers for the current association year as follows: President, Dr. W. W. Keen, of Philadelphia; first vice-president, Dr. C. A. Wheaton, of St. Paul; second vice-president, Dr. E. D. Ferguson, of Troy, N. Y.; third vice-president, Dr. G. M. Allen, of Liberty, Mo.; fourth vice-president, Dr. W. E. D. Middleton, of Davenport, Ia.; secretary, Dr. George H. Simmons, of Chicago; assistant secretary, Dr. J. A. Joy, of Atlantic City, N. J.; treasurer, Dr. H. P. Newman, of Chicago. The next meeting will be held at Atlantic City, N. J., beginning the first Tuesday in June, 1900.

The American Neurological Association held its twenty-fifth annual meeting at Atlantic City, June 14-16, 1899. Officers for the ensu-

ing year, who also compose the council, were elected as follows: President, Dr. E. D. Fisher, of New York; vice-presidents, Dr. Morton Prince, of Boston; Dr. James Wright Putnam, of Buffalo; secretary and treasurer, Dr. Graeme M. Hammond, of New York; councillors, Dr. J. H. Lloyd, of Philadelphia; Dr. Joseph Collins, of New York.

THE Mississippi Valley Medical Association will hold its twenty-fifth annual meeting at Chicago, October 3-6, 1899, under the presidency of Dr. Duncan Eve, of Nashville. Titles of papers should be sent at once to the secretary, Dr. Henry E. Tuley, Louisville, Ky.

THE Niagara Falls Academy of Medicine held its regular monthly meeting at the office of Dr. C. G. Leo Wolf, secretary, Monday evening, June 5, 1899. The newly elected president, Dr. W. A. Scott, delivered his annual address and scientific subjects were then discussed.

THE Buffalo Academy of Medicine held meetings during the month of June, 1899, as follows:

Section on Surgery.—Tuesday evening, June 6th. Program: Cystitis, J. Henry Dowd; discussion by D. W. Harrington, W. H. Heath, John Parmenter and others.

Annual Meeting.—Tuesday evening, June 13th. Program: An address on history of "organo-therapy," by the retiring president, Dr. Roswell Park.

Section on Pathology.—Tuesday evening, June 20th. Program: Milk sanitation, Herbert M. Hill; discussion opened by Irving M. Snow; exhibition of specimens.

THE Medical Society of the County of Chautauqua will hold its annual meeting at Chautauqua, N. Y., Tuesday, July 11, 1899. The following is the program: 11 a. m. business session; 1 p. m. scientific session. President's annual address, Placenta previa, Dr. M. W. Bemus; Puerperal eclampsia, Dr. J. H. Wiggins; Paper, Dr. J. W. Seaver, Yale University; Paper, Dr. Wm. M. Bemus; Paper, Dr. J. W. Morris; Report of cases. Evening session, illustrated talk by Dr. Wm. S. Bainbridge, of New York. The secretary is Dr. C. A. Ellis, Sherman, N. Y.

THE Lake Erie Medical Society held its regular meeting at the Central Hotel, Angola, N. Y., June 30, 1899. The following was the program: Exfoliative enteritis, Dr. W. M. Ward, North Collins. Presentation of cases. Election of officers. Subinvolution of the uterus, by Dr. C. C. Frederick, Buffalo; Colles's fracture, Dr. J. G. Thompson, Angola.

COLLEGE AND HOSPITAL NOTES.

AT THE Buffalo General Hospital Dr. Regina Flood Keyes has been formally appointed assistant gynecologist on the attending staff. A new position has been created, termed assistant to surgical clinic, and Dr. Edward J. Meyer has received the appointment.

THE announcement was made two weeks ago of changes in the staff at St. Mary's Maternity and Infant Asylum, on Edward Street, whereby the institution came under the medical and surgical management of the staff of the Buffalo Sisters of Charity Hospital. Dr. L. G. Hanley is announced as chief obstetrician; the attending obstetricians are Drs. Nelson W. Wilson, Pierce J. Candee, C. J. Carr and D. V. McClure. Dr. W. H. Slacer is at the head of the medical staff. His assistants are Drs. Joseph P. Burke and James Stoddart.

THE Woman's Medical College of the New York Infirmary for women and children, celebrated its last annual commencement May 25, 1899. It had been previously announced that the college was to go out of existence and the reasons for the step were announced by the board of trustees as follows:

The constant tendency of the medical as well as other professional schools has been toward a university connection, until at the present time each of the other important medical schools in New York is the medical department of a university. The medical college has been in existence for forty years and until last year has offered to women the only means of medical education in New York. It has now fulfilled its purpose and medical education may hereafter be obtained by women in New York in the same classes, under the same faculty and with the same clinical opportunities as men.

Under these circumstances, the trustees have considered it unadvisable to continue longer the maintenance of an independent

school, and believe that the medical education of women can be better served and more speedily advanced by recognising the inevitable result of competition with the university schools.

A MARINE hospital station has been proposed at Buffalo. The surgeon-general of the marine hospital service at Washington favors the project and it is hoped and believed that the Hon. D. S. Alexander, M. C., of Buffalo, will introduce a bill on the subject at the next session of congress.

Book Reviews.

A TEXT-BOOK OF ANATOMY. By American Authors. Edited by FREDERIC HENRY GERRISH, M. D., Professor of Anatomy in the Medical School of Maine, Bowdoin College. Octavo, 915 pages, with 950 engravings in black and colors. Philadelphia and New York: Lea Brothers & Co. 1899.

It does seem at last as if the days of moth-eaten tradition had gone by so far as the writing of text-books on anatomy is concerned, now that Dr. Gerrish has completed his work and it has been placed before a wearied and hopeful profession. The day may come when someone will improve on Gerrish's method of writing anatomy. If it does, all well and good, but it will have to be a particularly fine bit of work.

Instruction in anatomy has always been more or less of a parrot-like job. Bones were handled, held up before the eyes of expectant freshmen, and described in the same language used in whatever text-book happened to be in use in the particular institution where anatomy was being taught. Muscular attachments were spoken of with great rapidity and an easy familiarity, a bloodvessel or two mentioned, a nerve gathered in in passing, and function spoken of as if it grew on trees,—and that was teaching anatomy. If Gerrish is used generally, as it should be, all that will be changed. There will be a methodicity in teaching and an interest which will make anatomy anything but a grind. Any man with an excellent memory can teach anatomy as it has been taught. It will take brains to teach it as Gerrish lays it down, and this fact will undoubtedly necessitate changes in the personnel of the teaching squads of some of the medical colleges in this country, all of which would be better for the colleges and the students. Students who pay fees for instruction are paying for the very best that can be given. A medical college which does not give them everything at its command is sailing under false colors and obtaining money under false pretenses--exactly the same as a professor who is supposed to teach a certain branch and goes only so far as theory permits him, stopping short of giving actual, practical

experience to his students; that, too, would be sailing under false colors and obtaining money under false pretenses. The best a medical college can do nowadays in teaching anatomy is to teach it according to Gerrish. There is a man with ideas—a man who has taken a musty, tradition-gnawed subject and made it bright and interesting; a man who makes music of the rattle of dry bones; a man who puts the pink of life in the flabby flesh of death. Dr. Gerrish has had the assistance of the foremost anatomical teachers in America in the preparation of the book, which, by the way, is not at all cumbersome, as one would imagine after stuyding Gray or Morris. Dr. Gerrish, himself, has written a marvelously entertaining and instructive introductory chapter, giving definitions, systems, organs, order of topics and methods of study; he has contributed also the chapters on elementary tissues, the muscles, the fasciæ, the heart, the lymphatic system, the cerebro-spinal axis, the tongue, the ear, the organs of digestion, the organs of respiration, the urinary system, the ductless glands, relational anatomy and practical anatomy.

James Playfair McMurrich, professor of anatomy in the University of Michigan, has written on embryology; George Woolsey, professor of anatomy and clinical surgery in the Cornell University Medical College, has written on the bones, the articulations, the veins; Arthur Dean Bevan, professor of anatomy in the Rush Medical College, has written of the arteries; William Keiller, professor of anatomy in the medical department of the University of Texas, has written of the nerves, the skin, the nose, the eye; George Davis Stewart, professor of anatomy in the University and Bellevue Hospital Medical College, has written on the organs of generation.

These men are all teachers of anatomy and they all saw the evils of the systems in vogue, hence wrought changes in their teachings. What, then, was more natural than that they should draw together and by their combined labors bring forth a volume which is beyond criticism and comes like a breath of fresh air in a noisesome tomb! They avoid the unimportant, and have dealt only with those facts of human anatomy which are essential preliminaries to a rational, practical and intelligent study of physiology, surgery and internal medicine.

They have made a book which very ably takes the place of the lecture; and in the preface Dr. Gerrish has struck the key-note of the evil of modern medical education when he says: They (the authors) certainly, as a matter of policy, have admitted many things which, in their judgment, are not essential to the student, except for the aid they afford him in meeting certain conventional demands, especially on the part of examiners who may not have emancipated themselves from the trammels of tradition."

Greater stress than usual has been laid upon visceral structure, and the same may be said of surface anatomy. The chief charm of the book, aside from the brilliancy of its arrangement and construction, is the illustrating.

The illustrations, drawings and diagrams are unusually well done, remarkably free from the old-fashioned cut-and-dried appearance,

and exceptionally intelligent in detail. The system of direct labelling has been adopted with great apparent improvement in the work. Summing up the work is easy: there is nothing with which to find fault, everything to praise. Truly, the medical profession should welcome the work as the most remarkable and most valuable volume of the year.

In its production Messrs. Lea Brothers & Co. have realised its genuine worth and have given to it all the art and attention to detail in medical-book producing for which they are justly famous.

N. W. W.

AN EXPERIMENTAL RESEARCH INTO SURGICAL SHOCK. An Essay Awarded the Cartwright Prize for 1897. By GEORGE W. CRILE, A. M., M. D., Ph. D., Professor of the Principles of Surgery and Applied Anatomy in the Cleveland College of Physicians and Surgeons; formerly Professor of Physiology in the Medical Department of the University of Wooster; Attending Surgeon to the St. Alexis and Cleveland General Hospitals. Philadelphia: J. B. Lippincott Company. 1899.

This work, which was awarded the Cartwright prize for 1897, is based upon the experiments conducted upon 148 unselected animals (dogs). From the complete records of each experiment sufficient have been taken to illustrate the text. The author, in his modest introduction, does not assume to have touched upon all the phases of the subject, nor to have exhausted the possibilities of those receiving the most careful attention. Nevertheless, he has produced an admirable work full of data and suggestiveness, which will prove useful to the surgeon and the physiologist.

Beginning with a historical account of the theories concerning shock, the writer follows with a description of the modes of investigation and annotations employed in the conduct of the experiments, which follow next, and form the bulk of the work. The author then considers the effect of injury to the various tissues and organs of the body upon the production of shock and other factors, such as duration of operation, temperature, physical condition, anesthesia, hemorrhage, vaso-motor changes and cardiac changes. The post mortem appearances are next dwelt upon, followed by advice as to the prevention and treatment of shock.

Among the beneficial agents in combating shock the author enumerates strychnia sulphate, artificial respiration, intravenous infusion of normal saline solution, application of heat, and a dependent posture of the head. Among his valuable conclusions the author states his belief that surgical shock is mainly due to impairment or breakdown of the vaso-motor mechanism, and gives cogent reasons for his position in the matter. The work throughout bears evidence of great care and accuracy in both the conduct of the experiments and the deductions to be drawn therefrom. The book is admirably printed and the illustrations are very clear.

J. P.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By LEWIS A. STIMSON, B. A., M. D., Professor of Surgery in Cornell University Medical College; Surgeon to New York and Hudson Street Hospitals; Consulting Surgeon to Bellevue, St. Johns and Christ Hospitals. Octavo, 823 pages, 326 illustrations, 20 plates. Philadelphia: Lea Brothers & Co. 1899.

The great trouble which has been most apparent in books on special subjects such as this one has been a lack of meatiness. This was true, in a measure, of the first and second editions of this work which seemed, however, to be more or less of a necessity as a valuable adjunct to medical literature. The first editions were rather more of history than practice, if one judges them from a purely critical viewpoint. They were published in 1883 and 1888. Since then Dr. Stimson has gone over the field most thoroughly and has now given the profession a book which is of distinct value in every-day life. Strange as it may seem the fact remains, nevertheless, that surgeons are constantly running across cases of fracture and dislocation which have been put up improperly by general practitioners. Fractures and dislocations are looked upon by too many men as merely passing events in the everyday life of professional work. The interest, the importance and the dangers are overlooked. A careful reading of Dr. Stimson's work will do much to correct this, and a doctor who erred after such a reading would better take down his sign and enter upon a pursuit where intelligence is a convenience, but not an absolute necessity.

There is less history in this edition and more practice. Rarer forms of fractures and dislocations—and rare as some of them are, one is liable to meet with them at any time—are given ample space. The section on fractures in general has been almost entirely rewritten, and there is a new classification and arrangement of skull injuries. The operative reduction of dislocations is handled with the skill one would expect from Dr. Stimson. Many of the conditions treated of are illustrated with skiograms; and, en passant, Dr. Stimson has an *x*-ray opinion which is interesting. He says: "While the *x*-rays have been of interest and value in showing details of certain fractures, especially at the wrist, elbow and ankle, yet it cannot fairly be said that they have yielded much information of practical value which could not have been obtained by palpation. Probably their influence will be increased by improvements in methods and apparatus, but at present the information which they give needs to be sifted with great care from among many misleading appearances."

Every fracture possible is treated of at length, and pathology, etiology, symptoms, diagnosis, treatment and repair are set before the reader in a most entertaining and instructive manner. Complications and remote consequences, delayed union, failure of union, and faulty union are all given careful consideration.

The same general plan is followed in handling dislocations in general, special stress being laid upon accidents that might be caused by attempting to reduce dislocations; congenital dislocations and spontaneous dislocations are also well set forth.

The publishers have given the work most excellent and generous treatment in the way of letter press, binding and illustrating. As the book stands now, it is well-nigh perfect in all respects.

N. W. W.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By VICTOR G. VECKI, M. D. From the Author's Second German Edition, revised and rewritten. Duodecimo, pp. 291. Philadelphia: W. B. Saunders. 1899.

The second edition of Vecki's work finds the profession somewhat changed in its attitude upon this subject. The medieval way of treating this subject by not treating of it at all, is no longer tenable in these latter days of the XIXth century and the profession owes a debt of gratitude to Vecki for fighting manfully against a storm of opposition. Casper, Eulenburg, Fürbringer, Krafft-Ebing, Schrenck, Notzing and others have given Vecki's work due consideration and the work is destined to do a great deal of good. The author's ideas and suggestions on treatment are sound and embrace the latest additions to our knowledge of the therapeutics on this subject. The different forms of impotence are carefully considered and well depicted. The book is well printed, happily has no illustrations, and is modest and unobtrusive in its appearance. W. C. K.

DIAGNOSIS BY THE URINE, or the Practical Examination of Urine, with Special Reference to Diagnosis. By ALLARD MENNINGER, M D., Professor of Chemistry, Urinology and Hygiene in the Medical College of the State of South Carolina; Visiting Physician to the City Hospital of Charleston, etc., etc. Second edition, enlarged and revised. With illustrations. Philadelphia: P. Blakiston's Son & Co. 1899.

The exhaustion of the first edition, together with the advance in science and knowledge gained by the author since the publication of the first edition, has rendered a thorough review necessary. This has been carefully done, especially in the articles relating to tube casts and the significance of their presence, also in the chapter on the differential diagnosis of Bright's disease, as based on a classification of the normal absolute, the absolute and the relative absolute of solids and urea.

Thus improved and enlarged the work is to be commended to those who desire brevity and conciseness. The author is methodical in his treatment of the different chapters and his efforts in this new edition are to be appreciated. W. C. K.

AN EPITOME OF THE HISTORY OF MEDICINE. By ROSWELL PARK, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second edition. Illustrated. Pp. xiv.—370. Philadelphia: The F. A. Davis, Co., Publishers. 1899.

In the issue of the JOURNAL for February, 1898, was reviewed the first edition of Dr. Park's History of Medicine, and urged that it

should be in the possession of every physician and especially every young doctor. No doubt this advice has been partially heeded, for within a year from the publication of the first edition, a second has been called for.

No great changes have been made in this edition, except the addition of a chapter on iatrotheurgic symbolism, which was originally read by invitation before the Maine Medical Association in June, 1898.

In appearance and make-up the volume is similar to the first edition.

W. C. K.

A TEXT-BOOK OF PATHOLOGY. By ALFRED STENGEL, M. D., Instructor in Clinical Medicine in the University of Pennsylvania; Professor of Clinical Medicine in the Woman's Medical College, Physician to the Philadelphia Hospital, Physician to the Children's Hospital, etc. With 372 illustrations. Octavo, pp. 848. Philadelphia: W. B. Saunders. 1898.

This work has been written from the standpoint of the clinical pathologist and considerable parts of it were first prepared and used as the basis of demonstrations upon clinical pathology for students of medicine. It has, therefore, grown from small beginnings and met the requirements of clinical teaching until it has developed into a large, handsome volume of 850 pages. The author has had abundant material to draw upon—both clinical and pathological—and as a student of the late lamented Dr. Pepper has had unexceled advantages and the best of counsel and example.

Dr. Stengel divides the work into two great parts. Part I. dealing with general pathology and Part II. with special pathology. Under general pathology are chapters dealing with the etiology of disease; disorders of nutrition and metabolism; disturbances of the circulation of the blood; retrogressive processes, as atrophy, hypertrophy, the infiltrations and degenerations; inflammation and regeneration: the tumors, bacteria and bacterial diseases. Animal parasites and diseases caused by them.

Under special pathology are treated, carefully and quite fully, the diseases of the blood and special organs. The author has drawn largely from works on pathology—special monographs in English, German and French—which coupled with his own extensive observation and experience has evolved a most creditable and valuable text-book on this most important subject. The illustrations, so important and invaluable in a work on pathology are beautiful, well-chosen and nicely executed. Some are in colors while others are half-tones.

A carefully prepared index is appended. The only feature that mars the all-around excellency of the book is a catalogue of books published by the makers of the book and bound into the book. Otherwise the publishers are to be complimented on their success in making the book-work comparable with the book contents.

W. C. K.

BOOKS RECEIVED.

Transactions of the Wyoming State Medical Society. First and Second Annual Meetings, held at Rawlins and Rock Springs, May and November, 1898. E. Stuver, M. D., Secretary. Denver: App Engraving and Printing Company. 1899.

The Diseases of the Nervous System. A Text-book for Physicians and Students. By Dr. Ludwig Hirt, Professor of the University of Breslau. Second American edition, revised from the second German edition by August Hoch, M. D., assisted by Frank R. Smith, A. M. (Cantab.), M. D., Assistant Physicians to the Johns Hopkins Hospital. With an Introduction by William Osler, M. D., F. R. C. P., Professor of Medicine in the Johns Hopkins University. Octavo, with 178 illustrations. Cloth, $5 00; sheep, $6.00. Sold only by subscription. New York: D. Appleton & Co. 1899.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In 20 volumes. Vol. XVI., "Infectious Diseases." New York: William Wood & Co. 1899.

Transactions of the American Association of Obstetricians and Gynecologists. Eleventh Annual Meeting, held at Pittsburg, September 20, 21 and 22, 1898. William Warren Potter, M. D., Secretary. Philadelphia: Wm. J. Dornan, Printer. 1899.

Transactions of the Twentieth Annual Meeting of the American Laryngological Association. Held in the City of Brooklyn, May 16, 17 and 18, 1898. Henry L. Swain, M. D.; Secretary. New York: D. Appleton & Co. 1899

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology and Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (Univ. of Penna.), Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; Fellow of the College of Physicians of Philadelphia. Volume I. Ninth series. 1899. Octavo, pp. x.—303. Philadelphia: J. B. Lippincott Co. 1899.

A Manual of Surgical Treatment. By W. Watson Cheyne, M. B., F. R C. S., F. R. S., Professor of Surgery in King's College, London, Surgeon to King's College Hospital, etc; and F. F. Burghard, M. D, and M. S. (Lond.), F. R. C. S., Teacher of Practical Surgery in King's College, London, Surgeon to King's College Hospital, etc. In six imperial octavo volumes, with illustrations. Vol. I, 285 pages, with 66 illustrations. Cloth, $3 00 net. Philadelphia and New York: Lea Brothers and Co. 1899.

Progressive Medicine, Vol. II. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 472 pages, 56 illustrations and 3 full-page plates. Philadelphia and New York: Lea Brothers & Co.

Transactions of the American Dermatological Association at its Twenty-second Annual Meeting, held in Princeton, N. J., May 31 and June 1, and in New York City, June 2, 1899. John T. Bowen, M. D., Secretary. Concord, N. H.: The Rumford Press. 1899.

Public Health Reports. Issued by the Supervising Surgeon-General Marine Hospital Service, under the national quarantine act of April 29, 1878, and the act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service, approved February 15, 1893. Vol. XIII. Nos. 1 to 52. Washington: Government Printing Office. 1899

Electro-Hemostasis in Operative Surgery. Being a work supplementary to the Author's Treatise on the Diseases of Women. By Alexander J. C. Skene, M. D., LL. D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y. Octavo, pp x—173, illustrated. New York: D. Appleton & Co 1899.

Atlas on Fractures and Dislocations. By Prof. Dr. H. Helferich, of Greifswald. Translated from the third German edition by J. Hutchinson, Jr., F. R. C. S. Sixty-eight chromo-lithographic plates with descriptions, and 130 pages of treatise, illustrated by 126 woodcuts. Wood's Series of Medical Hand Atlases. Muslin, $3.00 net. Wm. Wood & Co. 1899.

Defective Eyesight. The Principles of Its Relief by Glasses By D. B. St. John Roosa, M. D., LL.D., Professor Emeritus of Diseases of the Eye, New York Post-Graduate Medical School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital, etc. 12mo, pp. x—193. Illustrated. New York: The Macmillan Company. 1899.

Hay-Fever and Its Successful Treatment. By W. C. Hollopeter, A. M., M. D., Clinical Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia; Physician to the Methodist Episcopal Hospital, etc. Second edition, revised and illustrated. Price, $1.00. Philadelphia: P. Blakiston's Son & Company. 1899.

Practical Diagnosis. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M. D, B. Sc, Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Fourth edition, enlarged and thoroughly revised. In one octavo volume of 623 pages, with 205 engravings and 14 full-page colored plates. Cloth, $5.00 net. Philadelphia and New York: Lea Brothers & Co. 1899.

LITERARY NOTES.

THE AMERICAN MEDICAL QUARTERLY is the title of a new magazine that made its appearance in June. It is edited by Dr. William Warren Potter, of Buffalo, and is published in New York, by the American Medical Quarterly Company, 503 Fifth Avenue. It contains original articles by a number of the most prominent writers in the United States and Europe and is a high-class magazine in every respect.

On remittance to us of $3.00, subscribers will receive for one year THE BUFFALO MEDICAL JOURNAL and the AMERICAN MEDICAL QUARTERLY. If any physician does not find each issue of the latter publication worth more than the cost of the yearly subscription, the publishers offer to refund the money. They claim that no medical periodical in this country or Europe excels it in the character and value of the matter it contains.

THE Buffalo State Hospital has issued its twenty-seventh annual report to the state commission in lunacy. It shows an expenditure of $220,998.82 for the fiscal year ending September 30, 1897. During

this time the daily average of patients under care was 1,193. This is one of the largest hospitals for the insane in the world and its management, business, administrative and professional, is economic, able and skilful.

THE Buffalo General Hospital has published its fortieth annual report, which is for the year 1898. It is a well-printed brochure of about 100 pages containing finance, business and professional items of interest. It sets forth the work of the year in good form and makes a creditable showing for the hospital which has recently been much enlarged to meet the ever growing demands upon its space.

THE Buffalo Hospital of the Sisters of Charity has just issued a souvenir commemorative of its fiftieth anniversary. It is a beautiful brochure of forty pages, profusely illustrated and printed on heavy book paper. The cover, in royal purple, is illuminated in gold. This interesting historical sketch is edited by Dr. Byron H. Daggett, of Buffalo, one of the special attending surgeons to the hospital. It is on sale at the hospital; price, 25 cents.

THE *Iris*, Volume II., for the year 1899, edited and published by the undergraduates of the University of Buffalo, has just been issued. It is a quarto volume of near 300 pages, printed on heavy plate paper, copiously illustrated with etchings, drawings and half-tones. It is printed and bound by the Peter Paul Book Company. The work reflects great credit upon its editorial staff.

THE Arlington Chemical Company, of Yonkers, recently purchased Mr. W. Granville Smith's painting entitled, The Country Doctor. It is a canvas, four feet by six, which has won distinction and place for the painter, as one of the coming men among the younger American artists. This picture was exhibited at the Columbus meeting of the American Medical Association, where it elicited great admiration.

MISCELLANY.

STEPHEN T. LEE, of No. 363 South Division street, was held for the grand jury, June 13, 1899, on the charge of practising medicine illegally. The prosecution was conducted by Tracy C. Becker on behalf of the Medical Society of the County of Erie.

The attorney who appeared for Lee, asked that the defendant be discharged, stating that the prosecution had made no case. Justice

King refused to do that, whereupon Attorney Penton waived examination for his client. Lee was released on $500 bail to appear before the next grand jury.

GEORGE H. KINTER, the christian science healer, and James C. Saunders were held recently by the United States commissioner for the United States grand jury on a charge of manslaughter, in permitting Rolfe Saunders to die without the attendance of a regular practising physician.

Commissioner Robinson said that in justice to the defendants as well as in justice to the public at large he believed there were many facts in the case that should be presented to the higher court.

The proceedings in the case were interesting. Hon. Emory P. Close, United States district attorney, made an able argument for the prosecution and quoted many decisions bearing on the case. He was followed by Hon. Tracy C. Becker, counsel for the Medical Society of the County of Erie, who, in the course of his remarks said, it is the duty of the Medical Society of the County of Erie to see that the laws governing the practice of medicine without a license were enforced, and, he believed, the case falls within the line of the society's work.

"The only regret I have in this case," continued Mr. Becker, "is that Mrs. Kinter has been discharged. She is as guilty as the others and should have been held. There are abundant evidences that the law has been violated, even if the court should come to the conclusion that the defendants cannot be held on the charge of manslaughter; and the right of these people to apply a science to the sick should be tested with our established laws, which cover, recognise and know what science is. The fact that the Saunders boy was ill and was growing worse and that these defendants, knowing it, made no effort to learn the exact nature of the disease is sufficient to establish against them a prima facie case.

"This liberty of action and liberty of conscience talk is all rot. The highest courts in England pushed their pin through that bladder long ago and so have the highest courts in this country. It would be monstrous, yes, damnable, even, to assume that a sick person could be left to die without medical treatment and the persons in charge of him go unpunished.

"He would be an idiot—worse than an idiot—who would not take the precaution to cure a sick man by the proper method. The lungs of this dead boy were affected. That cannot be disputed. It was shown by outward symptoms. But what did these people do? They shut their eyes to all that was right and proper and called in a man who dubs himself a healer. This man is not in the business for fun. He is in it for the money, no matter what anyone else says.

"The penal code defines manslaughter as culpable negligence and those who are culpably negligent are guilty of a misdemeanor. There are laws that apply to this case and there is no question has to the defendant being guilty of manslaughter. No one can, no one

ever will arise who can say that anyone who wilfully and knowingly allows a person to die because medical aid is not called has not violated the law and has not accelerated the death of that person."

MARIA MULLER, the so-called sympathetic healer, that treated twelve-year-old Dora Kranz, who was suffering from gangrene in the left foot, and brought her close to death's door, was tried, June 6th, before Judges Fitzgerald, Keady and Fleming in the court of special sessions in Brooklyn. She was found guilty on the technical charge of practising medicine without a license and was sentenced to five months' imprisonment in the Kings county penitentiary. To make her imprisonment sure the judges did not give her the option of paying a fine.

ITEMS.

MESSRS. STODDART BROTHERS, of Buffalo, the well-known druggists of 84 Seneca Street, suffered great loss by fire and water Saturday night, June 10, 1899. Their store, however, was promptly opened for business Monday morning, June 12th, under an agreement with the underwriters who began at once appraising the damage which, though great, is believed to be covered by the ample insurance which they carry. The promptitude of this action reflects great credit upon all parties concerned, and especially upon the Messrs. Stoddart, whose business enterprise in their branch is unexceled.

SCOTT'S EMULSION VINDICATED.—The medical profession and the trade have for the past year and a half been much interested in the controversy between Messrs. Scott & Bowne, manufacturers of Scott's emulsion, and the state dairy and food commissioner of Ohio. The trouble arose from the charges made by the Ohio food commissioner that Scott's emulsion contained a narcotic, which, if true, made it a misdemeanor under the laws of Ohio to offer it for sale without the regulation poison label. Messrs. Scott & Bowne, feeling it a duty which they owed not only to themselves, but to the profession in general, repudiated the charges in every instance, and since then the matter has been a subject for the courts to decide.

The suit brought by the commissioner against a druggist of Cincinnati for selling Scott's emulsion, which the commissioner claimed contained morphine, was lately settled in the courts at Cincinnati by a verdict for the defendants, entirely vindicating them and showing the injustice of these injurious attacks upon Scott's emulsion, the jury being out but a very few moments. The testimony brought out at the trial was overwhelmingly in favor of the claims of the manufacturers, that Scott's emulsion had never contained a narcotic of any kind. More than a score of the best chemists in the country certified to these facts. Messrs. Scott & Bowne deserves congratulations on their victory.

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